

# THE AMERICAN PRACTITIONER.

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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### CASE OF PUERPERAL SEPTICEMIA; CONVULSIONS; HEMIPLEGIA; PHLEGMASIA DOLENS; RECOVERY.

BY T. C. QUINN, M.D.

Mrs. Q., aged thirty; second pregnancy; confined March 28, 1880; labor short and easy. She did well until April 3d, when she was attacked with severe frontal headache, preventing sleep, and on the 8th, 10 o'clock P.M., she had a convulsion, followed by active delirium. A second convulsion occurred early the next morning, immediately after which two large clots, very offensive, were expelled from the vagina, a portion of one of them resembling, according to the description of the nurse, placental tissue. During her confinement and up to this time the patient was attended by a homeopathic physician, who, seeming to have little idea of the nature of the case—calling it neuralgia until the convulsion occurred—was dismissed. I first saw the patient on the 9th, 1 o'clock P.M., and found her condition as follows: Temperature 103°; pulse 102, irregular; respiration 36; tongue

natural; face pale; uterus large and soft; lochia scant, and scarcely any secretion of milk; both were entirely suppressed by the next day; pains in the head, back of the neck, and extremities; delirious.

What the treatment was before the convulsion I do not know, but from that time she had been taking hydrarg. cum creta gr. x every four hours and frequent doses of potass. bromid. I gave her immediately quinia gr. x, and ordered ex. ergot. fl. oz. ss every three hours until it produced firm contraction of the uterus. Three doses were given of potass. bromid., chloral hydrat., each, dr. i, and aqua oz. i; M.; teaspoonful whenever restless; bran and camphor poultice to the bowels.

From this time until the 11th the condition remained much the same, the temperature running from 101° to 104°, and the pulse and respiration corresponding with the temperature. No more convulsions. She got quinia gr. x whenever the temperature was found above 102°, tinct. digitalis gtt. x every six hours, and the bromide and chloral mixture as needed to secure rest and sleep.

On the 11th the temperature commenced falling. The tinct. of digitalis was now discontinued, and quinia grs. ijss given every four hours; the bromide and chloral as before; spt. ether nit. fl dr. ss every six hours to increase the action of the kidneys. Considerable improvement in the symptoms followed. She took plenty of nourishment, and with a relish, rested quietly, and slept frequently, though the mind still wandered.

On the 14th the temperature fell to 99.5°; pulse 96; respiration 24. This seemingly satisfactory condition continued until 9 o'clock P.M. of the 15th, when she commenced complaining of pain in the right side of the head, extending from the occipital to the temporal region; pain also in the left arm and leg. She was very restless, and by midnight became so wildly delirious that she had to be held in bed. The bromide and chloral, though given freely, had no effect toward quieting her. At the time of my visit next morning, 10 o'clock, the temperature was 101°, pulse 100, respiration 28, both irregular. She was very

restless and wild at times, and then would fall into a stupor. The urine was voided involuntarily. Seeing it was useless to continue the bromide and chloral, I gave at once by hypodermic injection morphia sulph. gr.  $\frac{1}{8}$ , atropia sulph. gr.  $\frac{1}{6}$ , and ordered acid phos. dil. gtt. x. every four to six hours; morphia sulph. with atropia or tinct. opium with spt. niter, as required to secure rest; quinia gr. ijss every three hours.

On the morning of the 17th it was discovered that there was complete motor paralysis of the left upper and lower extremities. The muscles of the face were scarcely, if at all, involved in the paralysis, and there was no deflection of the tongue when protruded; but there was diplopia, great difficulty of deglutition, and irregular tumultuous respiration.

18th, temperature  $102^{\circ}$  at 5 o'clock P.M.; pulse very irregular, at times a mere flutter, then full and beating at the rate of 200 per minute; respiration averaged 36, but varied with the pulse; face pale; lips and hands blue. The head was drawn to the left, and the back of the neck was so tender and painful it could not be touched nor the head moved without producing evidence of great suffering. There were involuntary discharges from the bowels and bladder. Owing to the difficulty in swallowing, it required great patience and perseverance to succeed in giving the medicine, and the quinia had to be discontinued on this account. The dil. phos. acid and the morphia and atropia solution were continued, and whisky ordered to be given as occasion required.

19th, the temperature at 10 A.M. was  $101^{\circ}$ , pulse 102, respiration 28, both more regular. The lips and hands were not so blue, and she could swallow better. The left leg was slightly swollen and tender to the touch. To the treatment was added a suppository of quinia gr. iij every three hours.

20th, the temperature at 9 A.M. was  $100^{\circ}$ , respiration 28, color improved. The swollen limb was very painful, and the swelling now extended to the groin. Treatment continued, with the addition of soda salicyl. gr. xv every four hours as long as the temperature kept above  $102^{\circ}$ . From this time until the 24th

the temperature ranged from  $102^{\circ}$  to  $104^{\circ}$ . The limb remained swollen and painful, but the other symptoms were rather better.

On the 25th the temperature commenced falling, and the soda salicylate was discontinued. With this exception the same treatment was followed. She now steadily improved, and in five or six days could move the paralyzed leg slightly, and in a day or two more the arm.

By May 7th she had almost perfect use of both arm and leg, and the swelling and tenderness of the latter had disappeared. It was now noticed that though the mind seemed clear in every other respect, amnesia existed to a moderate extent. She could not remember the names of familiar acquaintances, and it was even difficult for her to recall her husband's name. Names of places also easily escaped her memory. On attempting to write she was greatly mortified to find that she had forgotten how to spell many of the simplest words. She found also that she had lost her knowledge of music; could not read the notes at all. Her health has gradually improved, and she is now able to ride out; but she has not yet completely recovered from the amnesia.

*Comments.* Carefully considering all the symptoms in this case, I think we are warranted in drawing the following conclusions in regard to its pathology: There was septicemia from auto-infection, and this septic condition of the blood satisfactorily accounts for the convulsions. No analysis of the urine was made until some days subsequent to the convulsive seizures; it then showed no trace of albumen. The hemiplegia could hardly have resulted from injury to the brain caused by the convulsions, as it did not occur until eight days afterward. The paralysis is better explained on the theory of thrombosis and embolism from blood dyscrasia. The occurrence of phlegmasia dolens is strong proof of the correctness of this explanation, as showing a condition of blood favorable to the formation of thrombi; and the patient being of feeble constitution is corroborative evidence. In attempting to locate the brain-clot we are met by many difficulties. As is well known, the usual situation of the obstruction in cerebral embolism is the left middle



cerebral artery, producing right-sided hemiplegia with aphagia; but in this case, though aphagia existed to a moderate degree it was the left side that was paralyzed. Again, the fact that the muscles of the face were so slightly affected, while those of deglutition and respiration were so seriously involved in the paralysis, would lead to the conclusion that there was a partial obstruction of one of the vertebral arteries—probably the left; but this does not well explain the amnesia. In regard to the treatment, it is only necessary to say that it was based on the diagnosis of septicemia; beyond this it was only intended to meet the indications as they arose.

NEW VIENNA, O.

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### A CASE OF BRAIN TUMOR.\*

BY CHAS. W. MILES, M.D.

Master M., aged eleven years, of decided strumous habit, rode several miles horseback on the 7th of March, 1879, to consult me in regard to a supposed worm trouble. For several weeks past he has been vomiting on rising in the morning. Appetite voracious, but eating does not excite vomiting. Bowels constipated. Has slight frontal headache, and sits constantly with his head resting on his hands. Is listless. Supra-orbital veins of right side are greatly engorged. Has a discharge from both ears of long standing. Both ear-drums are perforated. Mastoid of right side shows evidences of former disease. Pulse 70 per minute; temperature 98.5°. The ophthalmoscope reveals double optic neuritis. The papillæ are much swollen and striated, giving them that peculiar appearance which has been so aptly described as "woolly." Vision  $\frac{2}{x}$ .

\* From a Report of Cases read before the Southwestern Kentucky Medical Association.

The fact of his having double optic neuritis, together with his general condition, led me to diagnosticate a tumor in the right base of the brain, probably in the course of the cavernous sinus. Iodide of potash was directed in five-grain doses three times a day, together with a mercurial purge, to be repeated as often as the bowels required it.

March 10th, patient is drowsy and inclined to sleep; headache and vomiting relieved; pulse while recumbent, 62; standing, 80 per minute; temperature 98.5°.

March 13th, patient is flighty; bladder emptied unconsciously; pulse, recumbent, 60; standing, 96; temperature 98.5°; vomiting and headache returned;  $V = \frac{20}{xxx}$ ; discharge from the ears has ceased; iodide increased to ten grains at a dose.

April 6th, patient has been apparently better until yesterday, when he had a slight convulsion; lids of right eye are considerably puffed; headache, which had disappeared, has returned, but is not so persistent; vomiting continues; pulse, recumbent, 62; standing, 80; temperature 98.5°;  $V = \frac{20}{xxx}$ .

April 8th, was called in the night to see the patient, who had been found in bed comatose. A series of slight convulsions, attended with extreme flexion of the thumbs, followed the return of consciousness. Pulse 100; temperature 98.5°. Pupils widely dilated; tongue and buccinator muscles paralyzed; bulging of the papillæ still more marked; severe pain in the region of the occipito-atloid articulation. An issue was established in the back of the neck. Iodide increased to twenty grains, with an excess of iodine, as suggested by Dr. Whayne, who was asked to see the patient with me.

April 11th, has a profuse discharge from both ears, and feels better.

April 20th, patient has been better until to-day, when he fell on the floor temporarily unconscious. Face became flushed, and the pulse ran up to 110 per minute. Temperature 98.5°. I find his vision today as follows:  $V = R. E. \frac{20}{xxx}$ ,  $L. E. \frac{20}{xl}$ .

April 24th, patient has a convergent squint, with double vision. Excess of iodine discontinued.

April 29th, appetite voracious again; pulse 130; temperature 99°; bowels tympanitic; pupils sometimes contract to a pin-point and as suddenly dilate again; iodide increased to forty-grain doses.

May 13th, pulse 130, temperature 98.75°. V=R. E.  $\frac{20}{\infty}$ , L. E.  $\frac{20}{\infty}$ . Signs of white atrophy in both disks.

From this time the patient improved in every respect (the engorged veins decreasing, the puffiness of the lids disappearing), except as regards vision, which grew progressively worse, as per following notes:

June 8th, V=R. E.  $\frac{20}{\infty}$ , L. E.  $\frac{10}{\infty}$ ; veins not so tortuous; disk slightly outlined, but not distinct.

June 17th, V=R. E.  $\frac{6}{\infty}$ , L. E. can scarcely discern the hand moved at a distance of eighteen inches from the face; white atrophy well established in both disks.

The patient's vision grew gradually worse until he failed to point the direction of a bright light burning in a dark room. Six months after, under the continued use of iodide of potash in forty grain doses, his vision began slowly to improve—the right especially, the left but little. I would add that during the treatment I gained information which satisfied me beyond doubt of the syphilitic origin of the disease.

The case is reported more especially that I may call attention to the great advantage which we possess in the ophthalmoscope as a means of diagnosing certain diseases of the brain.

Probably nothing offers us a better insight into the condition of the brain, as regards its blood-supply, than the optic disk and retina, situated as they are so near the brain, and the connection being so intimate, both as regards the blood-supply and the nervous connections, that we might almost regard them as a part of the brain itself.

Of all the symptoms of brain tumor, double optic neuritis is probably the most reliable, unless an exception be made of

hemiplegia. It is a symptom which is rarely absent, and when present is generally easily recognized.

An important point to be remembered is, that a patient may have marked optic neuritis in both eyes and yet be able to read the finest print. This was beautifully exemplified in the case which I have just reported. It follows that we should never wait for symptoms of amblyopia to call our attention to the condition of the optic nerve.

With regard to the position of the tumor producing optic neuritis, Hughlings Jackson says that "the question whether white or gray matter is involved is of more importance than the question whether the cerebrum or cerebellum be the seat of the disease."

I might mention many other diseases of the brain which register their peculiarities in the fundus of the eye, for indeed all diseases affecting the blood-supply of the brain are attended at times by these peculiar changes; but such is not the object of this paper.

JORDAN, KY.

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## CHIP IN THE WINDPIPE—OPERATION FOR EXTRACTION.

BY RUFUS W. GRISWOLD, M. D.

May 10, 1880, R. W., a boy of twelve, was brought to my office troubled with a noise on inspiration very much resembling the inspiration in cases of asthma. Two days before he had gone to his mother appearing somewhat "strangled," and saying he had "swallowed a chip." The boy had not been in right good health for the two weeks previous; had some cold and not very much appetite. Found his tongue coated, pulse slightly above normal. The day previous (9th) he had walked several miles, but had to sit and rest occasionally at the latter end

of the time. No difficulty on swallowing, no cough, no soreness about the throat, no abnormality about the breathing when asleep. Family on the mother's side an asthmatic one; three aunts have suffered very much from the disease. Examination of the throat in the usual way showed the pharynx clear; finger carried down to the glottis and around it detected nothing.

Despite the story of the boy, there seemed to be some doubt about the diagnosis. The asthmatic tendency, the asthmatic breathing, the absence of cough except when a mucous secretion collected in the trachea occasionally and called for expectoration, and which was readily raised and thrown off; the relief afforded to the breathing by mild doses of syr. ipecac and vin. ant.; and the absence of the disagreeable respiration when the boy was asleep gave room to doubt the presence of a foreign body in the air-passage. A large elastic catheter carried down the esophagus to the stomach showed there was no obstruction in that canal. But as the case did not improve, I took the boy on the 13th to Dr. W. T. Bacon, of Hartford, for examination with the laryngoscope. The usefulness of this modern invention for a view of the pharynx and larynx was beautifully illustrated in this case; several examinations were made, and twice Dr. Bacon was certain that he observed a foreign body bridging the air-passage below the vocal cords from right to left. In the reflected image in the laryngoscopic glass it appeared to be *immediately* below the cords. This was not correct; but the difficulty of judging accurately of distance from a reflected image will be easily appreciated. Dr. M. Storrs, of Hartford, was called in consultation on the advisability of operation. It was concluded that the chances for the chip to pass downward to the lungs, there creating irritation, inflammation, abscess, and perhaps finally resulting fatally, were much greater than that it would be coughed up; that there was also danger from strangulation while it remained in the air-passage, as also of suppuration around it, and perforation of the tube. The fact was also considered that cases of entire severance of the larynx or trachea and esophagus for suicidal purposes, without a successful result

in the intention, were of frequent occurrence; that deaths after laryngotomy or tracheotomy were not in consequence of the operation, but in spite of it, being mostly performed in cases of disease which had already done work that would prove fatal, or would do it in the future, sooner or later.

Operation was done on the 14th by Dr. Storrs—Dr. Bacon, Dr. E. H. Griswold, of Rocky Hill, and the writer, assisting. Patient was anesthetized with combination of chloroform and sulph. ether. There was considerable vomiting before dissection was commenced. An opening was made directly below the thyroid and between it and the cricoid cartilage. The small amount of bleeding was controlled by torsion of the vessels. The offending body was not readily discovered; whether incision had been made above or below it was uncertain; the intention was to go below, and as it was thought to be higher up the incision was carried upward between the wings of the thyroid. Not being found above, a probe was carried into the trachea, but it did not encounter any thing, having passed down by the side of the chip. A reflected light from the laryngoscopic mirror was then directed into the trachea, and the chip was discovered lodged about opposite the upper ring, where it enters the cricoid cartilage, and was removed with a small forceps. It was about seven sixteenths of an inch long, three sixteenths wide, and one sixteenth thick, of hard wood, and with square and sharp corners that held it closely in place. The wound was closed with five iron-wire sutures, and the neck was kept constantly wet with a light cloth of three or four thicknesses wrung out frequently in cold water. Union by first intention, and without suppuration, took place; the little inflammation about the wound was in the track of the sutures, the spaces between being nearly free from it. The patient was kept in a large room with a temperature of 70° F. from a fire on the hearth, the open fire-place also securing the best of ventilation. The wires were removed at the end of a week, and in two weeks the boy was entirely well.

ROCKY HILL, CONN.

## FOREIGN CORRESPONDENCE.

*My Dear Yandell:*

LONDON, July 15, 1880.

We are all looking out for you, and expect you again in England, where you will find that you are not forgotten and that our remembrance of you is fresh and green. So, as there is not likely to be yellow fever or cholera to demand your services, and times are improving with you, so that every body will be making money or sharing in the fortune of those who do, consequently they are too busy to be in need of medical services. So just pack up a change of linen and take another look at Old England, merely to take an observation as to whether the little island is anchored in the same place it was when you last took farewell of it.

Your friend Richard Davy has turned his attention to the treatment of spinal caries *à la Sayre*, for whose originality of thought he has a profound respect. No doubt Sayre does think more originally and with more regard to physiology than any other surgeon (I do not desire to be personally offensive) of his day; and in giving diseased parts physiological rest, and so allowing of reparative action, he is sound and trustworthy. That he has not perfected the practical side of his labor probably he himself will readily admit, and long may he live to continue his labors. Davy thinks suspension not always quite safe in spinal and especially cervical caries; and Dr. Tom Walker, of Peterboro, one of the finest specimens of the old-fashioned "all-round" man extant, goes in for the recumbent posture in applying "the jacket." Theoretically, it is clear that the weight of the body may be sufficient to snap some carious vertebral process or some imperfectly-developed osseous splint that nature is applying to strengthen a weak part; practically, whether such an untoward accident has occurred or not, I do not know.

Davy's objections to Sayre's plan of applying the jacket are as follows: "(1) The risk and personal discomfort, both to pa-



tient and surgeon, of the tripod suspension; (2) the cracking, creasing, and consequent insufficiency of the support, due to the necessary shift of the patient's surroundings; (3) to the weight of the plaster of paris." He says, "With regard to the risk of suspension by the chin and armpits, I have no wish to play the part of an alarmist nor to unduly exaggerate the danger of extension to the spine; but as a pupil of the late John Hilton I ask if any surgeon who values past surgical records can carefully read Lecture 5 in his work on 'Rest and Pain' and be ready to fearlessly suspend cases of cervical caries?" He continues, "Noticing, moreover, how nature expands into such massive bony shields the laminae of diseased vertebræ, and unites them, on the principle of *vis unita fortior*, I fail to see how even carefully-regulated hanging can assist her in the process; and my answer to those surgeons who state that they stop suspension the moment pain is felt is, 'Your interference has arrived a moment too late.'"

After seeing Sayre's plan carried out in his own office, and on his return to England, he carried out a series of experiments by suspending patients in hammocks. Mr. Davy is very partial to hammocks, as our surgeons here all know. A piece of canvas longer than the patient's body is swung hammock-wise and two slits made for the patient's arms, and in this the patient lies with the face downward, a slit at the lips allowing of respiration. The patient is then extended or not, according to the views of the operator, and the plaster of paris or other fixing material leisurely applied. A free current of air is allowed to play round the patient's body, for which a good fire is often useful. The plaster dries rapidly, the patient being quite comfortable, and often sleeping during the time. After the drying is complete the spare portions can be neatly trimmed off with a pair of scissors. The patient may then literally be said "to take up his bed and walk," the canvas remaining as a sort of accessory vest to the patient's frame.

After reviewing some of the other means of treating spinal caries on Sayre's plan—that is, of making an external skeleton

which shall keep the weight of the head and shoulders off the weak spinal column—Mr. Davy concludes in favor of his plan, "One word, in conclusion, on the question of portability and expense. Any country surgeon can carry hammock and bandages in his coat-pocket, and so operate easily at the child's home instead of its being brought to a tripod. The cost of the hammock is under one shilling, and it may be extemporized out of a common sheet or a long night-shirt." This is a practical view of the subject which must recommend itself to all. Certainly the plan is simple, and the corset so made is effective; but so long as the bulk of practitioners prefer some rule of thumb, some dogmatic statements in which they can put their faith, in preference to exercising individual thought, so long will they stick to one form or other of dressing in preference to other forms, and be steadily oblivious of the principle which underlies the specific form of making the corset.

The plan of making the asylum for lunatics less of jail and more like an ordinary house is making its way extensively. But Dr. Rutherford, of the Barony Parochial Asylum at Woodilee, near Glasgow, has gone a step further in this direction than any one else so far. All the doors in that asylum now open with ordinary handles, and only the chief attendants are in possession of a key. Yet no accident or untoward occurrence has so far happened. Dr. Rutherford believes that by keeping the patients fully occupied, and so counteracting the tendency to nurse their insane ideas, he lessens their objections to the restriction of their personal liberty, and consequently they are more reconciled to their position, and greater quiet and contentment are secured. In summing up the pros and cons as to this plan and the question of success, the critic says, "In a Scotch asylum, containing lunatics drawn from an industrious and law-abiding race, and afflicted with the less formidable varieties of insanity, a small number of attendants might suffice; while in an English asylum, in which general paralysis and epilepsy abound, and in which the patients are of a turbulent disposition, a large number might be indispensable." Dr. Rutherford's plan is but the log-

ical outcome of modern opinion as to the treatment of lunatics. Whether it be practicable generally, and, if so, at what cost, is a matter which can only be settled by further extension of the principle. Whether it will prove a success—that is, that it can be worked at a reasonable cost to the ratepayers—it will be most interesting to see. So far the principle of limiting the restrictions upon lunatics has steadily progressed, and every friend to humanity will wish it cordially every success; but to argue from this that asylums are but costly and elaborate engines for the imposition of restrictions, and that they had better be abolished altogether, is to forget the special knowledge of the superintendent and his subordinates, and would deliver back the lunatic from skilled and trained to ignorant supervision.

The view that the Scotch are a law-abiding race is somewhat amusing in remembrance of the character of the old Borderers and their raids into England in the old days of “thugging and riving,” when the old dame served up as the dish of the dinner a pair of clean spurs, and of the habits of the Highland chieftains with their predilections of cattle-lifting. But it does not do to be censorious with “the peep-shot of anonymous marksmen,” as Oliver Wendell Holmes happily puts it. Perhaps some of your readers do not always agree perfectly with what I myself say in your pages.

And now, my dear Vandell, you will, I hope, write the next series of London letters yourself, which will be far more interesting to your numerous readers than any thing I can ever say. But in concluding my contributions to your pages I feel that they have given me much pleasure in their writing, and that if I could only see my way to find the time I would most willingly continue them. But those “circumstances over which we can exercise no control”—the eternal excuse which must have existed in pre-Adamite time, and which formed the first recorded excuse—must once more be utilized in my behalf. So allow me to say farewell.

[There is not one of our readers who will regret so much as we do that for the present, at least, Dr. J. Milner Fothergill re-

signs the position of London correspondent of this journal. At a future day he may resume his place on its staff. We hope the time may not be long deferred. Meanwhile steps have been taken to have the correspondence continued by other hands. Besides the professional value possessed by the letters themselves, which added so much to the attractiveness of this journal, they had a very great interest to the person to whom they were addressed, growing out of the pleasant relations which for some years past have existed between the distinguished Londoner and himself. The hope expressed by Dr. Fothergill that the letters will be continued by the friend to whom his were written is deferred, at least for 1880. The pre-Adamite excuse which Dr. Fothergill gives rumor says is but another name for changing his estate, or, in a word, for becoming a Benedict.—D. W. V.]

## Reviews.

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**A Practical Treatise on Nervous Exhaustion (Neurasthenia): its Symptoms, Nature, Sequences, Treatment.** By GEORGE M. BEARD, A.M., M.D., Fellow of the New York Academy of Medicine, of the New York Academy of Sciences, Vice-president of the American Academy of Medicine, Member of the American Neurological Association, of the American Medical Association, the New York Neurological Society, etc. New York: Wm. Wood & Co. 1880. Pp. 198.

Eleven years ago Dr. Beard published his first essay on Neurasthenia, after it had been read to the New York Medical Journal Association, and he has been writing and publishing on the subject ever since, giving the result of his accumulated experience and study. He has had personal intercourse and correspondence with Charcot, of Paris, Hutchinson, of London, and Erb, of Heidelberg, and other eminent European neurologists, and is apparently in close fellowship with the distinguished specialists of this class in the United States.

His book consists of a preface and five chapters. The preface asserts the more frequent occurrence of neurasthenia in the United States than elsewhere in the world, defines what is meant by the term, and recites the extent of his own studies and literary labors in this branch of neurology. It contains this statement: "It is designed that this work shall be exclusively practical, and for that reason the causes of neurasthenia have received no consideration." This is a mistake of magnitude in a work that claims to be a treatise that gives the symptoms and nature of a malady as well as sequences and treatment, and the gravity of this omission is not lessened by the announcement that the author will soon have ready another work in which the causes are fully set forth. Where causes of disease are known a practical treatise is defective if they are not stated.

Chapter 1 is an introduction, and lays a fair foundation for the subsequent superstructure.

Chapter 2 treats of the symptoms and occupies seventy-four pages, going into much detail, bringing the reader to the conclusion that nervous exhaustion has no pathognomonic symptoms, but has nearly or quite all those that characterize all classes of the neuroses.

Chapter 3 presents the nature and diagnosis of nervous exhaustion; and it is here that one specially feels the want of some statement of the causes and pathology of neurasthenia. The abundant experience of Dr. Beard and his long habit of giving seemingly trivial signs the real significance that they imply probably has caused him to overlook the necessities of the novice in practice and of the general practitioner who has not given more than ordinary attention to the recent rapid and extensive development of neurological studies.

Chapter 4 is on the prognosis and sequences, and chapter 5 on the treatment and hygiene of nervous exhaustion. This last contains many general principles, important and instructive, and in some instances goes into details. The reader will find here the valuable information that in both the medication and hygienic management of nervous exhaustion a timid and half-sufficient course is bad and a heroic overdoing is worse. The teachings of this chapter bring one to the conviction that its author very justly holds that he who treats this disease successfully must have thorough knowledge of its nature and symptoms as a part of his complete understanding of the nervous system as a whole and of its disorders.

The author infuses a deal of ego into this treatise, and the perusal of the book gives one the idea that its construction was modified by a (possibly unconscious) bias in the author that other specialists in neurology would be benefited by a presentation of the extent and results of his investigation in this department of medical practice. But it must not be understood that it is without value to the general practitioner. On the contrary, it will be a material aid to those who have given attention to the

writings of Charcot, Rosenthal, Mitchell, Goodell, Hughes, Jewell, and others; but it will fall short of a complete practical guide until it is supplemented by a clinical handbook or other production that will detail the exact method of the author in the presence of his patient.

Notwithstanding all that Dr. Beard and others have written on neurasthenia it is still a disorder of protean forms that one sees as through a glass dimly, and requires not only much acumen, but substantial faith to compass its proportions and understand its ramifications. Its very name is seemingly a misnomer. Taking the symptoms and description as presented by Dr. Beard, it does not appear like nervous exhaustion, but rather indicates an imperfect, irregular, or misdirected nervous condition. There is apparently not a lack of nerve force, but an unbalanced state of it. Still we must have names for things—and our author is fond of inventing additional ones—and when we understand what is meant by a term it is important only in an esthetic sense that it be etymologically correct. As presented in the volume under notice, neurasthenia is the present synonym of the late functional nervous diseases, and with this understanding the book may be commended to the attention of those general practitioners who are seeking to comprehend something of the recent extensive investigations in neurology, and they are a legion.

J. F. H.

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**Headaches: their Nature, Cause, and Treatment.** By WILLIAM HENRY DAY, M.D., Member of the Royal College of Physicians, London; Physician to the Samaritan Hospital for Women and Children. Third edition, with illustrations. Philadelphia: Lindsay & Blakiston. 1880. Pp. 322.

This is a taking title; and when we remember that the second edition was issued in 1877, a new one early in 1880 signalizes an acceptable book, much purchased and popular; at least this



would be the reasonable inference. In the introduction the author admits the difficulty of defining headache in terms that will embrace all its varieties, and then in seventeen chapters names seventeen kinds of headache with their causes and treatment. At the end of the book are one hundred and sixteen formulæ containing combinations of most of the older standard remedies in very appropriate association, ending with a valuable note that many of these prescriptions are suitable for children in doses proportioned to age. The illustrations begin with an elegant colored plate of cerebral cells, copied with credit from Dr. Major, and end with a rough wood-cut diagram claiming to show the course of the vasomotor nerves of the liver. The intermediate pictures are a side- and base-view of the human brain, probably copied from Ferrier, and Thornton's engraving of the method of applying ice-water to the head through a tubular cap. The last has practical application in the text; the other four appear to be for ornamentation.

There is much valuable information in Dr. Day's volume; but it is not fresh, is diffuse, and leaves the young reader with a great many appliances for a great many headaches and but little definite practical instruction how to use them. This third edition of Day leaves room for a very valuable treatise on the very difficult subject of headaches.

J. F. H.

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**A System of Medicine.** Edited by J. RUSSELL REYNOLDS, M.D., F.R.S., Fellow of the Royal College of Physicians of London, etc. With numerous additions and illustrations by HENRY HARTSHORNE, A.M., M.D., Fellow of the College of Physicians of Philadelphia, etc. Volume 2, Diseases of the Respiratory and Circulatory Systems; Volume 3, Diseases of the Digestive, Blood-glandular, Urinary, Reproductive, and Cutaneous Systems. Philadelphia: Henry C. Lea's Son & Co. 1880. 8vo. Pp. 999.

We have previously noticed the first volume of this work and expressed our sense of its very great value. Volumes 2 and 3,

which complete the series, are fully up to volume 1. The American editor, Dr. Hartshorne, shows up particularly well in volume 3 in the chapters on Cholera Morbus, Cholera Infantum, Trichina Spiralis, Spermatorrhœa, Bronchocele, and Progressive Pernicious Anemia. Valuable as the work was when issued in England, the labors of Dr. Hartshorne have added very greatly to its worth, and it can now but be regarded as the best encyclopedia of medicine extant.

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**A New Method of Permanently Removing Superfluous Hairs.** By L. DUNCAN BULKLEY, A.M., M.D. New York: G. P. Putnam's Sons. 1880.

**On the Nomenclature and Classification of Diseases of the Skin,** WITH REMARKS UPON THAT RECENTLY ADOPTED BY THE AMERICAN DERMATOLOGICAL ASSOCIATION. By the same author.

To permanently destroy hairs, take a suitable forceps and pull out the hair, and as it leaves the follicle insert a three-sided surgeon's or Glover's needle, and with its point break up the mother cells at the bottom of the follicle, and by a rotary motion of the needle in withdrawing it make its edges break up the cells on the wall of the follicle. This is a slow but sure remedy, from twenty-five to forty hairs being as many as can be destroyed at one sitting. Most doctors have one or more lady patients whose tormenting and disfiguring beards will give them courage and endurance to have the hairs destroyed by this or any sure method.

A nomenclature and classification of skin-diseases that shall be adopted and adhered to by the medical world would be a blessing of boundless comfort. *A priori* one would anticipate that diseases of the skin, because open to direct ocular inspection in addition to the means of diagnosis of internal diseases, would be the first to have settled names, a permanent classification, and reliable rules of diagnosis; and yet, as an existing fact,

no class of disorders is involved in more confusion or presents more difficulties of diagnosis to the average practitioner, unless it be so-called nervous diseases.

All success to Dr. Bulkley's efforts to improve the situation.

J. F. H.

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**Archives of Laryngology.** Edited by LOUIS ELBERG, M. D., of New York, in conjunction with J. SOLIS COHEN, M. D., of Philadelphia, FREDERICK I. KNIGHT, M. D., of Boston, GEORGE M. LEFFERTS, M. D., of New York, and nine other medical gentlemen in Europe. Vol. 1, No. 1. New York: G. P. Putnam's Sons. March, 1880. To be continued quarterly.

Whatever the good old medical practitioner may think of the propriety of dividing medical practice into specialties, the evolution of the times is rapidly bringing about that condition to a great and greater extent. And why should it not be so in situations where there is enough business to justify it? If practice makes perfect in mechanical manipulation, and if it requires practice to make experts of any kind, we must be irresistibly led to the conviction that the doctor who, having mastered the general science of medicine, devotes himself to the study and practice of one particular branch of it, will be better qualified in that branch than he who spreads his mind and his manipulations over the whole field of medicine. Practical specialties in medicine create a demand if not a necessity for periodical professional literature of a corresponding devotedness.

The pamphlet under notice is the first issue of the first journal devoted to laryngology in the United States, and it has only two predecessors any where—one in Paris and another in Berlin. By a system of interchanges the matter contributed to this journal will appear almost simultaneously in each of the others, as will every thing new and important in them appear at nearly the same time in this. The contents of the present number indicate that the publication in the future will be an aid of importance to all laryngologists.

J. F. H.

**The Student's Guide to Diseases of the Eye.** By EDWARD NETTLESHIP, F.R.C.S., Ophthalmic Surgeon to St. Thomas's Hospital of London. Philadelphia: Henry C. Lea. 1880. 12mo. Pp. 358.

Mr. Nettleship has aimed in this little volume "to supply students with the information they most need on diseases of the eye in their course," and we are pleased to be able to say that he has accomplished his purpose in a thoroughly satisfactory manner. The examination of the eye occupies forty pages; diseases and injuries of the eye take up one hundred and ninety-eight pages; thirty-five pages are devoted to operations; forty-six pages to errors of accommodation and refraction and to paralysis of ocular nerves; twenty-two pages to the relation of diseases of the eye to constitutional diseases; and six pages to formulæ. The work is illustrated by eighty-nine cuts. To the student of eye-diseases Mr. Nettleship's work will prove a safe guide, while to the general practitioner it will serve as a valuable book of reference.

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**Common Mind-Troubles and the Secret of a Clear Head.**

By J. MORTIMER GRANVILLE, M.D., M.R.C.S., etc. Edited, with additions, by an American physician. Philadelphia: D. C. Brinton. 1880. Pp. 185.

Dr. Mortimer Granville lays down the fundamental proposition that the soul is an independent psychical entity, and mind is its manifestation through the human nervous organization; and he insists that those scientists who claim that mind is the result of the functional activity of certain brain-substance must establish their position by irrefragable demonstration. This looks somewhat like begging the question by demanding that the negative be proved. However, there need be no conflict between those who look to the brain for all there is of mind and those who believe that the soul produces mind by its use of the

brain to communicate with the world. Both parties agree that an imperfect or disordered brain will manifest a disordered mind, and to remedy this evil we must restore the integrity of the nervous organization.

The author's effort is mainly devoted to showing how much can be done in this behalf by the subject of disorder by the thorough exercise of his own will to that end. According to his own theory, the initial steps in an aberrant mind are recognized by that mind, and a determined will can control the errant disposition while it is fresh and small, and hinder the development of its full manifestation. All can heartily agree in this conclusion to a certain extent, though they do not reach it by like reasoning; and multitudes of people, professional and lay, will find in this book sentiments in accord with their faith and tastes and an aid to good work.

J. F. H.

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**Transactions of the Society of the Alumni of the Medical College of Ohio.** Published by order of the Society; C. S. Muscroft, M.D., Secretary. Cincinnati. 1880. Pp. 171.

In 1819 the Medical College of Ohio was chartered; in 1821 she conferred her first degree; in 1875 her alumni organized themselves into a permanent society and elected the gentleman who graduated in 1821 their first president. This was Dr. J. C. Grubbs, of Boone County, Ky., and he was also the recipient of the first degree of M. D. conferred west of the Alleghany Mountains. In 1821 one medical college with one graduate in the Mississippi Valley, with a handful of inhabitants scattered here and there over the vast region; in 1875 perhaps thirty medical colleges with thousands of graduates, and a powerful, thrifty empire with many great cities and millions of inhabitants; and the first graduate within his business life has witnessed it all. Not in the world was such a marvel of development ever witnessed before.

This volume contains the proceedings of the annual meetings of the society up to and including that of February 28, 1879, with all the addresses, speeches, narratives of incidents, and social entertainments that have transpired. Those interested will find this publication a running history of the college, with many of its professors and a considerable number of its alumni, and will be a great satisfaction to many persons who have had no connection with the college. The annual meetings of the society are held at the time of the college commencement in each spring, the admission fee is one dollar, and every reputable alumnus can become a member.

J. F. H.

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**A Guide to the Practical Examination of Urine:** FOR THE USE OF PHYSICIANS AND STUDENTS. By JAMES TYSON, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania; one of the Vice-presidents of the Pathological Society of Philadelphia; one of the Physicians to the Philadelphia Hospital; Fellow of the College of Physicians, Philadelphia, etc. Third edition, revised and corrected, with illustrations. Philadelphia: Lindsay & Blakiston. 1880. Pp. 183.

Numerous are the books extant on the urine and the urinary organs—some so brief as not to have room for enough information to make them valuable; some so extensive as to forbid a busy man to hunt in them for his practical needs; and still others that, avoiding the extremes, contain all necessary information to compass their object, and yet not have it hidden in a multitude of words. Dr. Tyson's Guide belongs to the latter class. The author has made a manual concerning the normal and abnormal urine, and how to detect them, which, for orderly arrangement, perspicuity of style, and completeness of instruction, avoiding withal impractical and tiresome details and theoretical discussions, has no superior in the language. It is, as announced in the title, intended for physicians and students, not professional chemists and experts; and these classes may go

with full faith to its pages and find there plain and intelligent directions, which they can readily follow to a full understanding of any patient's urine they may wish to examine, and in connection therewith such reference to pathological indications as will materially assist them in the application of the knowledge gained.

This third edition brings its contents abreast with the evolution of the day.

J. F. H.

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**Post-mortem Examinations, with Especial Reference to Medico-Legal Practice.** By PROFESSOR RUDOLPH VIRCHOW. Translated from the second German edition by DR. T. R. SMITH. Philadelphia: Presley Blakiston. 1880. Pp. 145.

This manual of instructions by the celebrated German medical scientist is, like his other writings, clear, concise, and pointed, and so admirably arranged that it is easy to follow his teachings with full understanding of them. When called in 1844 to make post-mortem examinations for legal purposes he found a lack of system and consequent incompleteness that he set about to remedy, and such was his success that the system here presented has been made legal by the state; and although prepared to meet the requirements of German jurisprudence, its essential features are of equal value in examinations for scientific purposes and in all countries.

The learned and dexterous professor, after presenting written instructions for the procedure, illustrates it most completely by full notes of four examinations—one of an unknown man dead of pulmonary hemorrhage; a second of a suicide, known, gunshot wound of the head; a third a known suicide, gunshot wound of the chest; and a fourth a twin child stillborn near full term. These examinations are given each in detail, including the manner of making the record, and leaving the assurance that a subsequent examination could add nothing to the information concerning the state of the cadaver or the cause of death.

Any one not already thoroughly grounded in the best manner



of making these examinations will find in this little volume a monitor that will leave nothing to desire in the way of instructions.

J. F. H.

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**Thirteenth Annual Report of the Health Department TO THE HONORABLE COMMON COUNCIL OF THE CITY OF CINCINNATI FOR THE YEAR ENDING DECEMBER 31, 1879.** THOS. C. MINOR, M.D., HEALTH OFFICER. Cincinnati. 1880. Pp. 311.

**Thirteenth Annual Report of the Board of Health TO THE CITY COUNCIL OF THE CITY OF DAYTON FOR THE YEAR ENDING FEBRUARY 29, 1880.** Dayton, Ohio. 1880. Pp. 81.

Beside the tables of vital statistics common to all city health reports these volumes contain pretty full discussions of sundry important sanitary problems, which may be esteemed an evidence of the mental activity concerning preventive medicine that is rapidly extending to all classes of physicians, and even at many points enlisting the serious attention of cultured laymen. This is a healthy and promising state of affairs. It testifies, among other things, that sanitary science is not an exact science, and that those who have been called to apply what is known of it recognize its imperfectness and are anxious to aid in its advancement. It seems to be a chief stumbling-block with the populace that doctors can not apply on the instant means that will prevent the development of zymotic disease when they know that a party has been exposed to its exciting cause, the idea with them being apparently that a doctor in this respect should be both omniscient and omnipotent. But doctors themselves are too often unlearned in preventive medicine or too careless of its application.

Dr. Neal, in the Dayton report, goes into detail concerning disinfection of the poisons of infectious and contagious diseases. Now what proportion of general practitioners have clear and correct views of the precise steps to be taken in the line of disinfection when called to an incipient case of typhoid fever, for

example? Is it not true that a considerable fraction of doctors have a fancy that in a sick-room nothing is dangerous that does not smell bad, and that the way to disinfect a bad smell is to diffuse something that smells worse—carbolic acid, for instance? Perhaps this would be a slander on the readers of the *AMERICAN PRACTITIONER*, but all doctors do not read this instructive menstrual.

Dr. Minor, in the Cincinnati report, gives the history of the settlement of the city, its topography, geology, water-supply, including analysis of nine different waters within reach of Cincinnati, and makes comparisons between them and six waters of eastern cities; calls attention to sources of contamination of the Ohio River water supplied to the city; in short, goes intelligently into and pretty thoroughly over the entire catalogue of affairs that fall within the purview of the health department of a great city.

Dr. Neal's report is not historical nor so elaborate, but is an appropriate presentation of the sanitary affairs of the city of Dayton, not only in their present condition, but in their estimated future needs.

Both reports are of a character calculated to instruct those who have to do with public affairs; and it would be of service in the welfare of the inhabitants of the cities to which they relate if the officials thereof could be induced to study these reports; and moreover, it would assist in the more rapid development of sanitary science—a consideration by no means to be ignored in this connection.

J. F. H.

## Clinic of the Month.

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ANTISEPTIC SURGERY.—In the debate on this subject, to which we referred in the July number of this journal, Mr. Jonathan Hutchinson said:

The subject still remains one of great intricacy and difficulty, and, although there are points respecting which I feel able to hold clear and strong opinions, on the general question I must speak with diffidence. On this matter we are in great want of detailed statistics, and have a surplusage of those which are vague and untrustworthy. Hence much bewilderment.

I am referring to the practical merits of the spray and gauze method of dressing wounds, which we now know as Listerism or "the antiseptic method." Respecting the antiseptic principle and the usefulness of antiseptics, we are, I think, agreed. It is as to the value, the comparative value, of that special method that some still doubt. As the time at my disposal is short, I may be permitted briefly to avow my own faith. I believe confidently that the spray and gauze plan of dressing is a very efficient plan of preventing the putrefaction of fluids in wounds, and that this prevention is of the utmost importance in avoiding wound-fever and blood-poisoning. I believe further that it will not only prevent the influence of common air as a cause of the putrefaction of dead material, but that it is also potent to kill the germs by which are induced certain more or less specific forms of inflammation, such as suppurative phlebitis, erysipelas, and allied conditions. I can not doubt that these measures keep wounds sweet, and do this under conditions which are not favorable, and when without them these results would not have been attained. I have seen large abscesses opened under the spray and dressed with the gauze which did not suppurate further, and which behaved in a way wholly unexampled under the older methods of dressing. I have also seen many large operation wounds so treated heal without suppuration and without the slightest approach to a febrile condition. I have not yet ventured on any of the more daring procedures, such as opening comparatively healthy joints or cutting into hernial sacs with a view to radical cure, but I accept the evidence which has been recorded on

these subjects. Let me be permitted to add that I also quite believe that the details of Mr. Lister's plan are essential to its success.

There remain several explanations which I wish to make. I desire to make a few comments on the stages by which our modern opinions have been reached, and in explanation of the fact that those who do not employ the spray and gauze method are able to show that their results in the gross are nearly as good as if they did. My surgical memory easily goes back to the earliest periods of the movement which has resulted in a splendid reform of operative surgery, which has made the treatment of wounds comparatively without danger, and which has opened out to the surgeon many paths which were before impassable. It was not in one mind, but in many, that a zeal for the greater success of operations and a feeling of great dissatisfaction with their former results arose. Foremost, from the energy with which he devoted himself to the work, I must mention Sir James Simpson. He never tired of telling hospital surgeons that they were losing their patients on a scale which was far beyond what was inevitable, or of endeavoring to devise expedients which should help. In the belief that ligatures and the bits of sloughing tissue which they were supposed to cause were the means of poisoning wounds, an immense amount of ingenuity was devoted to perfecting the details of acupressure. The evils of hospitalism were loudly proclaimed and the all-important duty of isolation of contagious cases was insisted upon. Next came the discovery of carbolic acid, and its introduction into practice, and its use as a disinfectant of wounds. Earlier than this, however, Mr. Spencer Wells became editor of the *Medical Times and Gazette*, and he at once devised a scheme for bringing to the light the real facts as to the mortality of operations. I was then his junior coadjutor, and the collecting of materials devolved upon me, but the plan was his. The design was by the publication of all operations in all the hospitals to which we could get access to obtain data which should be trustworthy as to the rate of mortality of each and the real causes of death.

Of these statistics Sir James Simpson and others largely availed themselves, and I believe they were indirectly the cause of much of our subsequent gains. If my memory does not deceive me, the first nine ovariectomies which we thus dragged to light were all fatal. The ratio of improvement in the results of other operations has not been so great as in this one, but it has been very large. It was while our minds were much occupied with acupressure, torsion, etc., that we heard of disinfecting the air and the wound by carbolic acid. By degrees Mr. Lister developed his practice in detail, and with steady patience kept close to his germ theory. The splendid results we

partly know. But during the development of Listerism other and very important hospital reforms were in progress. Gradually every hospital was provided with an isolation-ward, and cases of erysipelas, gangrene, and the like were promptly removed from proximity with the healthy. Torsion of arteries and the catgut ligature superseded the old silk, and the proved value of carbolic lotions, etc. led to many other antiseptics—chloride of zinc, spirits of wine, iodine, terebene, etc.—being largely employed. My object in these statements has been to prepare the way for an answer to the question, How is it, if the spray and gauze plan of dressing be so valuable, that some of those who do not use it get such excellent results?

The statistics of St. Bartholomew's have been brought forward, first by Mr. Callender and more recently by Mr. Savory, in proof that Listerism is at any rate not essential. Mr. Bryant has mentioned his own results in support of the same position, and I have often referred to my own. At the London Hospital for many years Lister's precautions have been most ably and zealously used by one of my colleagues, yet his mortality has never been lower than my own. The explanation is, I think, to be found by reference to several facts. First, most of us (I speak now of those not using the spray and gauze) have been sedulous in the employment of some other antiseptic. Mr. Savory and Mr. Callender have used carbolic oil; Mr. Bryant, iodine and terebene; myself, spirits of wine and lead; and to these much of our results have probably been due. Secondly, I think an exaggerated impression as to the injurious effects of common air has got about. It was air laden with specific germs—those of erysipelas, hospital gangrene, and pyemia—which in former times was so hurtful. From the risk of these the isolation-ward and the frequent use of disinfectants for sponges, hands, and dressings have to a large extent freed us. Thirdly, it is quite possible that the spray and gauze plan, so useful in some cases, may in others be cause of harm. Lastly, it ought probably to be admitted that those surgeons who show an unusually small percentage of mortality, while neglecting special antiseptics, are mostly of the cautious class, and abstain from operations involving peculiar risk.

One of the duties which must be undertaken in the future will be to investigate the mortality under different plans of treatment of each several operation. Let us inquire as regards excisions of the breast, removals of loose cartilages from joints, amputations in each several part, excisions of each several joint, etc., and ascertain what the average mortality is under treatment by cleanliness without special disinfectants, and that under each kind of antiseptic application. The spray and gauze method does not appear to be well adapted for cases

in which frequent movement of the part is likely to be hurtful—such, for instance, as compound fractures. Nor is it helpful where it is of great consequence to avoid a conspicuous scar. For the excision of tumors from exposed parts I have had far better results in the way of immediate union and inconspicuous scar from the lead and spirit plan. For wounds which have already been exposed to risk of infection I think that other means are usually preferable, and so also in all cases in which inflammatory conditions have already set in. It does not tend to repress inflammation, but only to prevent it; whereas the lead and spirit lotion does both. For most cases in which the surgeon makes his wound the Listerian plan is admirable; and under this head we comprise all openings of joints and serous cavities, all osteotomies, most excisions of tumors, all openings of abscesses, and most amputations. So great are its advantages in this large department of surgery in diminishing suffering and preventing the risk of death that there can, I think, be but one opinion as to the gratitude due from mankind to the genius, perseverance, and enthusiasm to which we owe it.

Mr. Hutchinson was followed by Sir James Paget, who said:

I am not able to discuss the difference to which Mr. Hutchinson has referred between the complete antiseptic treatment with gauze and spray and the less complete treatment which many have adopted. I must speak more broadly of the whole subject; and, for the sake of simplicity and brevity, I will speak of the treatments of only such wounds as are made in operations, omitting all mention of accidental wounds, compound fractures, and the like. Moreover, from among operations I shall exclude all such as tracheotomy and those for hernia, after which, if death follows, it is generally the consequence not of the wound, but of the continued disease; and from the first comparison of results I shall exclude ovariectomy, incisions of joints, and a few more, of which, however, I hope to speak before ending. And for nearly all cases I shall take my observations from my own practice and from what I have seen at St. Bartholomew's Hospital.

The reports which we have heard of the use of the complete antiseptic treatment in certain foreign hospitals make it impossible to doubt that it is absolutely potent for the repression of nearly all the fatal influences of foul air and the infective diseases of wounds. We have it stated on good authority that, speaking roughly, every wounded person brought into a certain hospital or every person wounded there became the subject of some infective disease, whether hospital gangrene, pyemia, or some other; and that since the introduction of the complete antiseptic treatment that condition of things has ceased or



has been reduced to a minimum. I do not doubt this or try to depreciate so admirable a fact; but the question remains whether the same good results can be attained by other and, for the general conditions of both hospitals and private practice, better means. Now at St. Bartholomew's first Mr. Callender and then Mr. Savory have shown that the mortality of operations, with a partial application of antiseptic treatment, is as low as has been reached any where. This statement I can confirm, for the statistics first published by Mr. Callender included the last three years of my practice in the same wards as he had when he succeeded me. And the hospital statistics are confirmed by those of my private practice, for in respect of mortality the differences between hospital and private practice are very small. For many years I kept my papers separate and then compared them, and the result showed that, with the exception of such differences as might fairly be assigned to the different characters and social conditions of the patients, there was no difference in the consequences of similar operations performed in a hospital or in private houses by the same person, at the same times, and with the same general principles of management.

In both hospital and private practice the mortality after operations has greatly changed during the time in which I have observed it, and it is useful to observe that the change has been, on the whole, a constant diminution. There has been no sudden change, as if by a suddenly-introduced remedy; but, on the whole, a gradual diminution. I have been observing operations and their consequences for rather more than forty years; but I will take for comparison the period of thirty years beginning at 1847, when I was appointed assistant surgeon at St. Bartholomew's, and ending in 1877, when I left off operating. During the first twenty-three of these years I performed and saw operations in both hospital and private practice; in the last seven in private practice alone.

In using numbers I must now speak roughly, and without pretense of having always had accurate statistics, such as in this question are certainly not yet attained or I believe possible. But from some statistics and from strong general impression I believe it may be stated that in the first part of the thirty years, say in the first ten years, the total mortality from all operations, capital and minor together, was not less than fifteen per cent, that in the second period it fell to less than ten per cent, and in the third to less than five. In the last seven years, when I had only operations in private practice, it was less than two per cent from all sources. I think it certain that in thirty years the mortality from all causes after operations of all kinds, with the excep-



tions I have referred to, has fallen from about fifteen to less than five per cent.

And if I take the larger operations, such as the larger amputations, excisions of the breast, and the rest, I believe I may say that the total mortality has gradually fallen from more than twenty per cent in the first period of the thirty years to less than ten per cent in the last. Let me repeat, I do not pretend to exactness in these numbers; there are good reasons why exactness can not yet be attained; but they may serve to express with sufficient accuracy the diminution of mortality after operations at St. Bartholomew's and in my own practice, and I believe at many similar hospitals and in the practice of other surgeons.

How has this result been attained? The reports from some hospitals abroad show that a similar but even more striking result has quickly followed the introduction of antiseptic surgery, and that no other influence than this has been at work in them. I suspect that the belief in the absence of all other good influences is not quite just; but certainly in this country we have no facts that can be compared with theirs; and even those among us who are most devoted to antiseptic treatment can hardly doubt that the good results they have obtained may have been due in some measure to other less-observed good influences.

Let me point out what have been the chief good influences brought to bear on the consequences of operations during the last thirty years, especially on those consequences against which the antiseptic treatment is directed. But, first, as I am referring at present to mortalities alone, it is to be observed that in this country and in nearly all our hospitals a large proportion of the patients are not susceptible of the fatal influences of the infective diseases. Whether this is to be ascribed to the power of resistance possessed by the patients or to a defective quantity or intensity of the infective material, or to both, I need not now consider. The fact is, that in the worst times for operative surgery that I have known a large percentage—sixty, seventy, or more even—of those who underwent capital operations escaped death, and I think I may say escaped erysipelas, pyemia, and the other perils against which antiseptics and our other methods of protection are directed. This large percentage therefore, this number of insusceptible, or, as I may call them, not poisonable people, must be left out of account in our estimates of the comparative utilities of modern methods of protection. They escape now as they did then. When, with our present wise dread of putrid and infectious matter, we look back at the treatment some of them received and the manner of dressing their wounds it may seem

strange that any should have escaped. Every stump and every large wound at its first dressing diffused an abominable stench from the foul-smelling fluids shut up in it, yet the patients were not septicemic. Patients with pyemia, erysipelas, and putrid wounds were mingled in the same ward, yet they were not all infected; a large majority did well.

Happily a much larger majority do well now. Let me tell what seem to me the reasons for this improvement even where the antiseptic treatment is not employed or is employed in a very limited manner.

First. During the last thirty years surgeons have left off some bad practices. At the beginning of this period the practice of bleeding before or after operations had not ceased. Some still thought it necessary to prepare certain patients for operation by taking blood from them, and more were in the habit of applying even a large number of leeches over the parts near wounds when any flush of erysipelas or of deeper cellular inflammation appeared. Still more general was the custom of giving active aperients, salines, antimony, and other medicines which may at least have done harm by interference with useful quietude. Some surgeons preferred an extremely low diet for even many days after an operation; a few thought it useful to give, even from the first, large quantities of stimulants. All this, I suppose, has passed away. For ten or more years there has been, in the place of these things, a wise simplicity of after-treatment, and I can not doubt that it may be credited with a share in the diminution of mortality.

Again: In the last twenty years we have had vast changes made for sanitary purposes in all our hospitals and a quantity of sanitary work past counting done in our large towns and houses. The tens of thousands of pounds which I have seen spent for this purpose at St. Bartholomew's have told of only a large instance of the care taken everywhere to exclude or weaken the sources of hospital disease; and if we are right in believing that sanitary science has in any way diminished mortalities we can not doubt its having had some influence on the mortalities of patients after operations. They are the very class on whom pure air and water, drainage and ventilation, isolation, and every form of cleanliness would have most influence.

During this same period of about twenty years the system of careful education of nurses has been introduced. There were always among the sisters of our hospitals some nurses excellent in every way, but some of even this class were ignorant and careless, and among the inferior nurses skill was not looked for and care was not usual. It would be difficult to exaggerate the contrast between the nurses of the first five and of the last five years of the period I am speaking of—contrasts

equally great in private and in hospital nurses. It seems to me impossible to doubt that the contrast is shown, in some measure, of the diminished mortality of the operations.

Again: Medical education has in thirty years improved, and among its results I think that all operating surgeons must have felt that they have had better help in the care of their patients, not only from their house surgeons, but from their personal assistants and from the general practitioners who were in more constant attendance than themselves. This can not have been without influence. I believe it has been at least as useful as the improvements in method and in skill which time has brought in nearly all operations. Counting both together—the better operations and the better assistance after them—we surely may believe that in thirty years' progress they must have diminished our mortalities.

Lastly. During the last ten or fifteen years there has been among surgeons a constantly-increasing rivalry for the attainment of the greatest possible success after operations. All, I think, have felt that if any cases should do well under them their operation cases should. There were always a few who by constant personal care were distinguished for success; but the care which was singular has become general; and when I think of the amount of thought and attention which most surgeons gave to patients after operations thirty years ago and the amount given by the same surgeons or by others in the same positions now it seems as if here were cause enough for nearly all the diminution of mortality which I have observed.

Here then are five—and there may be more—influences for good which in the last thirty years have been brought to bear on our patients after operations. Of course no one can tell how much each of them has contributed to the diminution of mortality which has been in the same time effected, but it would be unreasonable to deny to them a large share in it. I believe that to them may be assigned by far the largest share of the diminished mortality at St. Bartholomew's and in my own practice. Say that after operations, in conditions of which we should now be ashamed, eighty-five per cent of the patients escaped, and that in present conditions more than seventy-five per cent escape, or that after capital operations the mortality has been diminished by twenty per cent, surely the changes I have indicated may explain nearly all the difference. I do not in the least depreciate the value of the antiseptic treatment; I do not doubt that it has achieved the success assigned to it in hospitals less well managed than our own; but, so far as the mortality after most operations is concerned, I believe that equally good results have been and still may be obtained

without it or with a very partial use of it. At least it seems clear that with care and watchfulness and scrupulous cleanliness in well-managed hospitals and private houses there is little left for the complete antiseptic treatment to do. It may be that some day results yet nearer to perfection will be attained by the union of complete antiseptic surgery with complete sanitary management. But I hope there will be no attempt to prove in this country that antiseptics are self-sufficient even when there are neither good sanitary arrangements nor skilled nurses nor very watchful surgeons.

I have spoken only of the mortalities after operations; but a mere escape from death is not all we have to wish for. It is not enough that a patient should just escape with his life; it is desirable that he should not be in danger from fever, or from erysipelas, or any other acute disease, nor yet from chronic pyemia or long-continued suppuration, or any other malady introduced or aggravated by the operation. He should be cured with as little illness as possible, and with as little increase as possible of the tendencies to tuberculosis or any of the degeneration of internal organs which may be associated with the disease for which the operation is done.

Our statistics tell only that certain persons either did or did not die. They ought to tell much more than this. I kept for many years a set of notes which indicated not merely the mortalities after my operations, but the well-doing or the ill-doing of each patient, and the observations which I thus made leave me in no doubt that with even a partial antiseptic treatment the recovery of patients after operations was quicker and more free from constitutional disturbance than when I did not employ it. During the last twelve or more years I always washed wounds with the forty-grain solution of chloride of zinc. I rarely used the carbolic spray; much more rarely any drainage-tubes. I always used either torsion or carbolized catgut ligatures, closed wounds as exactly as was possible with silver sutures and plaster, deferred as long as possible the first dressings, gave moderate quantities of food and very rarely any kind of medicine. I believe that by even this measure of antiseptic treatment my mortalities were diminished; but the influence of antiseptics could not be separated from those of the other improvements which I have mentioned. I more than believe—I am sure—that the recoveries were quicker, more direct, more free from risks of septicemia and of the aggravation of chronic diseases than in the earlier periods of my practice, in which I used no antiseptic means and less simplicity of dressing.

In all that I have said I have had in mind only the cases which occur in what may be called the general run of operative surgery. But

there are some groups of cases in which I believe it would be absolutely wrong to dispense with any of the precautions of the complete antiseptic surgery. Among these are the cases of ovariectomy. I look back with remorse to my experience in them at St. Bartholomew's when I compare it with that of Mr. Smith. All my cases were in the first half of my thirty years' practice, and no doubt part of his greater success may be ascribed to the better nursing and better hospital arrangements and better plans of operating which the last fifteen years have supplied. But whatever may be ascribed to all these, I am as sure as he is that the thorough antiseptic treatment has largely contributed to the success which he has attained. His success, contrasted with my failures at St. Bartholomew's, strongly confirms the experience of Mr. Spencer Wells, Dr. Keith, and Mr. Thornton. Their success without antiseptics had indeed been so great that it is hard to estimate the increase of their successes with them, but their general impressions on the question are as decisive as any statistical facts relating to it that can be attained.

As with ovariectomy and (I may add) with all abdominal sections, so with osteotomy and the cutting into healthy joints. I can not doubt that operations of this kind, which in the earlier years of my work were done with great risk, or, with a wise fear of the risk, were left undone, may now, with antiseptic help, be done with an almost complete safety. In this direction antiseptic treatment has certainly enlarged the range of useful and safe surgery.

And another group of cases in which it seems to be of the highest value is that of large abscesses. A few years ago I believed that I had never seen a patient recover after the opening of a lumbar or a psoas abscess with a free incision. I could not remember one who had not died before the opened abscess healed. Of late years I have known such abscesses opened with complete impunity under antiseptic treatment, and there has seemed nothing but this treatment to account for the difference of the results.

Let me briefly sum up the opinions I have formed on antiseptic surgery.

I believe that in its complete form we can nearly neutralize the evil influences of unhealthy hospitals and other like sources of those infective diseases from which arise the largest portions of mortalities after operations.

That it has not yet reduced the death-rate to a lower level than can be attained by good sanitary arrangements, good nursing, strict care and cleanliness, quietude, and simple dressing.

That recoveries after operations are quicker and more free from

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fever and other constitutional disturbances when antiseptics are used than when they are not used.

That in certain groups of cases, such as I have enumerated, operations may be safely done with antiseptics which without them would be very hazardous.

And now let me end by saying that of all the achievements of surgery during the last thirty years I regard the diminution of the risks of operations as by far the most important, and that, beyond comparison, he who has contributed most to it is Mr. Lister. More than any he has done good both by his own work and by provoking others to do their best in their own ways.

THE PROPER USE OF THE HOT VAGINAL DOUCHE.—Dr. Clifton Wing thus forcibly puts (Boston Medical and Surgical Journal) this very important subject:

The use of hot-water vaginal injections in uterine affections has now become pretty general; but it is evident from the testimony of patients who have followed the directions of their physicians in using them that many practitioners who order them fail to understand the principle of their action, and consequently do not impress upon their patients the proper method of taking them. As often employed they are calculated to do more harm than good.

The great object which they are intended to accomplish is the driving of the blood from the local parts, thus reducing the weight of the uterus and its appendages, removing tenderness due to congestion, and, when inflammation is present, "starving it out by cutting off its nourishment;" for without active congestion active inflammation can not exist. Moreover, when properly taken they assist the absorption of products of inflammation, and forward the restoration of the normal mobility and elasticity to the tissues of the parts. In short, they act as does a poultice properly applied to any tender or inflamed external portion of the body.

The effect produced upon the circulation of a part by the application of water varies with the temperature of the water and the length of time the application lasts. This can be clearly understood if we call to mind its effect upon our hands. If we dip them into *cold water*, during the time they remain in the water—be it longer or shorter—the blood is driven from them and their circulation is diminished; but as soon as they are withdrawn reaction sets in, the hands become red from increased circulation, and this secondary congestion lasts for a considerable time. This effect of temporary cold in producing sub-



sequent congestion is clearly shown in the red hands of the child who has been playing with snow. Were it possible for a patient to employ the vaginal douche constantly for hours and days without intermission, doubtless the uterine circulation could be controlled by such use of cold water; but of course this can not be carried out in practice; and when employed, as it usually is, for a few minutes only, the real effect of the cold-water injection is to produce congestion instead of correcting it.

If the hands are placed in water which is *warm* (not hot) the blood is drawn to them at the time, and they remain more or less red after their withdrawal. Water simply *warm* then will not answer the purpose of the vaginal douche in correcting congestion.

If the water is *hot* (as hot as can be borne) and the hands are immersed only for a few moments, again congestion is the result; but if one's hands are kept for a *long time in hot water*, as in case of the washer-woman, or the kitchen-maid engaged in washing dishes, on removal they are found to be *white, shrunken, and shriveled*, and they do not regain their usual condition perhaps for hours. In brief, by the prolonged application of hot (not warm) water to a part the supply of blood to that part is decidedly lessened; and moreover, the full circulation is not quickly reestablished when the application ceases. This is exactly what the hot-water vaginal douche is intended to do, and what it will do if the proper precautions are observed in its use.

In the first place, *the water used must be hot, and not warm*, as can be readily understood from the foregoing. It is safe to tell the patient to have the water "just as hot as she can bear it without being scalded," for it will burn the skin as it returns from the vagina before it will do any harm to the mucous membrane of the internal parts. After a few times the woman will find herself using water at 110° to 120° F. Occasionally an enthusiastic patient will reason, like the Irishman, that "if some is good, more is better," and, helped by hot water, will try hotter, until some irritation of the parts is the result of her overdoing the matter; but this, if it happens, is a temporary trouble, which, the fault removed, will take care of itself; and generally the error is committed of not having the water hot enough. *Care must always be taken that the water does not get cool before the douche is finished. To guard against this, a very little hot water may be added from time to time to the water used.*

Secondly. *The douche must be used at least twenty minutes (better half an hour or more) at a time.* If used for a few minutes only it will, as explained above, cause congestion instead of correcting it. The quantity of water necessary for continuing the injection the proper



length of time is not a few pints or quarts, but a number of gallons. It is not the quantity of water used that is of importance, but it is essential that during the whole time of the douche the temperature of the water in the vagina should be kept up, that the parts may be constantly bathed in water considerably higher than the normal temperature of the body. The constant flow of hot water is the easiest method of gaining the point.

Thirdly. *The patient should never take the douche in the sitting position, with the body erect, but should always lie flat upon her back, with the hips higher than the rest of the body.* If this precaution is not taken the water flows from the end of the injection-tube, and at once returns out from the vagina without coming in contact with the womb and upper parts of the vagina where its effect is wanted. Whereas with the woman on her back, with the hips raised, the womb and what was in the erect posture of the body, the upper part of the vagina, are now lower than the vaginal outlets; consequently the vagina remains filled with the hot water up to the level of its external opening, and the womb and the adjacent parts get the full benefit of the application.

Dr. Emmet, to whom full credit is due for introducing the hot vaginal douches, prefers to have them given in all cases by a nurse, and states, "A steady stream is never as serviceable as the interrupted current from a Davidson syringe." I can not agree with this opinion. I believe I have seen fully as good results from the douche where the steady current of a "fountain syringe" or its equivalent was used as where the Davidson syringe was employed by the most skillful nurse; and I had ample opportunity of watching the latter method when an *interne* at the Woman's Hospital in New York a number of years ago. Furthermore, I feel sure that with many uterine patients it is better to dispense with the services of a nurse, for the constant presence of one who can be called on at any moment for whatever is needed seems in some cases to remove that stimulus for self-exertion which is at times such an important adjuvant in the cure. The Davidson syringe can not be used to advantage by the patient herself. Indeed it is enough to tire a man's arm to pump any amount of water through it. The "fountain syringe" as sold in the shops is of very little value for our purpose, from the fact that its reservoir is altogether too small to hold the requisite amount of water. If used it must be refilled a number of times. I usually tell my patients to get a common-sized wooden water-pail (which will hold water enough and can be obtained for very little); to have a hole bored in its side near the bottom, and a small faucet inserted; to attach to this a piece of rubber tubing (such as can be bought at any rubber store) of about the size commonly used on

syringes, and from four to six feet long, and to the end of this tubing to attach a vaginal nozzle such as comes with any common family syringe. This part of the apparatus is then ready. A spring catch may be used upon the tubing further to control the flow of water, if desired.

As stated above, the douche must be taken with the patient lying on her back, with the hips somewhat raised. This can be accomplished in several ways. It can be used while the patient is taking a warm bath, if there is a set bath in the house, the pail filled with hot water being placed upon a stand or suspended at such a height that the water will flow freely from the tube introduced into the vagina; or the woman can lie crosswise upon a bed, with her hips at the edge and her feet resting upon chairs, a rubber sheet being placed under her in such a way that it will convey the escaping water into a tub placed upon the floor to catch it and at the same time protect the bed from getting wet.

The best way, however, is to employ a proper bed-pan to receive the water, and use the douche while lying in bed. The common crockery bed-pans hold so little that they require to be emptied several times during the process, and are therefore very inconvenient where the patient takes the injection herself. A nurse can manage better to remove, empty, and replace the pan, or can empty it when full without removing it by employing the syringe for that purpose, but it is troublesome. The shape of the common bed-pan, which is such that it can be readily slid under the patient, is, however, an advantage in some cases of serious inflammation where it is desirable to avoid lifting or moving the patient more than is absolutely necessary. Some pans are made of this same shape, but with a tube attached, through which the water is drawn off into a proper receptacle placed upon the floor. This does very well if care is taken that the escape of water through the tube does not become stopped; but if this happens a drenched bed is apt to be the result. Ordinarily (especially where the patient manages the douche herself) it is most convenient to make use of a pan which is of sufficient size to hold all the water which is to be used, and which need not be emptied until the douche is ended. With such a pan and a rubber sheet the bed never need be wetted.

The patient should avoid becoming chilled at the time of taking the injection by being sufficiently covered, and should be careful about going out in the cold immediately afterward unless well wrapped up.

In ordinary cases these injections should be employed twice daily—in the evening on retiring and in the morning before getting up. In some cases of severe inflammation they may be used oftener with advantage. It is best to continue them long after the symptoms for which they are used have disappeared rather than omit them too soon.

and it is well to discontinue them by using them at longer and longer intervals, until they are finally omitted, rather than to omit them at once. If the old symptoms return they should be resumed.

In certain cases the amount of comfort afforded is remarkable. I have seen some patients who were "used up" with uterine symptoms—dysmenorrhea, backache, inability to walk any distance or stand any length of time without suffering, pain through the hips, etc.—who, when the pelvic congestion was relieved in this way, felt so perfectly well that they required nothing further in the way of treatment.

In closing I can not do better than quote the following paragraph from an excellent article by Dr. E. C. Dudley, published in the *Chicago Medical Gazette* some months since: "In uterine therapeutics the value of the hot water vaginal douche is perhaps greater than that of all other topical applications combined. Its use is perhaps more nearly universal, yet so inefficiently is it ordinarily applied that in the large majority of cases it does little or no good."

**THERAPEUTIC EFFECTS OF CHLORATE OF POTASSIUM.**—Alexander Harkin, M.D., writes in *Dublin Medical Journal*, that after the continued use of the chlorate of potassium the patient experiences an increase of appetite—of nervo-muscular force; all the bodily functions are performed with greater ease, the color improves, and the flesh-producing power is manifestly augmented, as evidenced by increased weight, the character of the blood itself being altered by an addition to its fibrin and plastic qualities. When required for internal use, he generally orders it as a saturated solution, say one ounce of the salt to twenty of water, of which for adults one ounce three times daily either before or after food. Most useful by itself, yet its efficacy in arresting disease, in chlorotic or hemorrhagic diatheses, may be greatly enhanced by the addition of iron in one of its many forms, the most convenient being the *tr. ferri perchlor.* With the permanganate of potassium it forms a most excellent gargle and mixture in sore throats with diphtheritic exudation, and for the healing of ulcers. It also forms a good base for many pectoral mixtures. As to the tolerance of the drug, he knows not of any remedy so generally well borne. Like other salts of potassium (the acetate and nitrate) it occasionally acts, though in a less

degree, as a diuretic, but this condition is far removed from nephritis—a disease which Jacobi asserts to be frequently produced by its use. In all his experience he remembers but one case that at all approached this condition, who, while taking the chlorate, certainly suffered most painfully for a number of hours from strangury, but who recovered by the ordinary means of stupes, hot baths, etc.

Perhaps among its many valuable qualities none is more remarkable than the rapidity with which its application as a lotion heals up the injuries due to burns and scalds, so often by ordinary treatment both tedious and troublesome to cure. It is quite surprising how soon the healing process commences after the application of the lotion, and the raw surface is covered by the formation of new skin. This rapid improvement takes place not only when vesication is extensive and the cutis more or less destroyed, but also in the more severe cases, where not alone the cutis but the subcutaneous tissue is destroyed, and even when ulceration is present after the separation of the eschars—the condition which makes the treatment of burns and scalds so troublesome to hospital surgeons, and the wards allocated to their treatment so often foul and offensive.

After a few applications of the lotion a zone of new skin appears proceeding from the circumference, day by day speedily narrowing the denuded surface till at last the wound is healed.

An important item is to apply the lotion three or four times daily, to add the permanganate if any offensive discharge arises, and to maintain the strength of the patient by the administration internally of large doses of the salt.

Closely allied to the condition of a scald or burn is that of a sloughing ulcer, due to the application of a blister in enfeebled constitutions. This ailment is usually treated with the *lotio nigra*. The chlorate lotion will be found to be more rapidly successful in giving a healthy cast to the surface of the wound.

In the treatment of caries of the vertebra of the neck by the injection of a solution of the salt he has had on two occasions the greatest advantage, and in cases of strumous abscesses and

sinuses treated by injection the cure is generally very rapid—of course in every case the constitutional requirements being attended to by the internal administration of the salt.

The effect of chlorate of potassium upon ulcers—simple, irritable, indolent, and rodent—is very remarkable. He might point to several cases at present under his care for ulcers in the leg and on the head, the results of wounds; but would merely state that they heal just as he has described in the case of burns. The hard and elevated edges of old ulcers give way to flattened and healthy ones, and the excavated surface of the sore is altered by the oxygenating power of the lotion and replaced by healthy granulations.

THE CHLOROFORM QUESTION.—In a recent discussion of this question by the Medico-Chirurgical Society of Edinburgh, in which a number of experienced physicians took part, the president, Dr. P. Heron Watson, spoke as follows:

As to the conditions which favored fatal results during the administration of chloroform, it was generally admitted that these were twofold—either respiratory obstruction or cardiac insufficiency. The relation of these conditions to each other had, as was well known, been a matter of dispute, some asserting that respiration was always first embarrassed, the heart's action being only secondarily affected, while others regarded the failure of the heart's action to be at all events sometimes the initial step in the dying process. These views had important practical issues. If the first were trusted to, then feeling the patient's pulse during the administration of the drug was not only unnecessary, but liable to distract the attention from the all-neededful regard to the condition of the respiration, as to recognize that the pulse was gone, if preliminary respiratory arrest were the cause, was to note that the patient was in danger when life was probably extinct. Were death liable to occur from cardiac enfeeblement, then attention to the pulse was a matter of importance. Now in this case the pulse was noted to have continued good for some time after respiration had ceased and artificial efforts had been employed for some time. The conditions affecting respiration which he had chiefly observed in the use of chloroform originating danger were copious mucous secretion excited by the chloroform vapor, vomited matter from the stomach, sweetmeats, and false teeth, in addition to the gravitation

of the tongue. He had, however, seen in some cases an arrest of respiration at the conclusion of a full expiration, accompanied with spasm of the respiratory muscles; and in two cases where an epileptic attack occurred with a fatal\* result when the patients were inhaling chloroform, this spasm of the muscles of respiration at the conclusion of expiration was undoubtedly the occasion of death. In making traction on the tongue to relieve impeded respiration in a patient under chloroform, he thought the direction over the incisors of the lower jaw was a mistake, and that it should always be toward the upper incisors, as traction of the organ over the inferior incisors, by forcibly depressing the lower jaw, tended both to interfere with the larynx and possibly to compress the carotids, as indicated in the valuable paper of one of its members, Dr. John Smith. The fatal results which occasionally occurred while patients were more or less under the influence of chloroform led naturally to the question of the prognosis of these risks. His own feeling was that it was quite impossible to gauge these risks. Chloroform could undoubtedly be administered to many cases affected with most serious cardiac disease with the best results, and there were most serious cardiac conditions in which the use of chloroform, by diminishing the effect of shock, probably diminished instead of aggravating the risk. An instructive case occurred in the early history of the introduction of chloroform, which might have inflicted irreparable damage upon its early prestige had the drug been given. The late Professor Miller was to operate upon a case of hernia in the theater of the hospital. Sir James Simpson had promised to administer chloroform to the first case in Mr. Miller's hospital practice which might occur. Professor Simpson was sent for, but was out of town. The operation was proceeded with, and at the first incision through the skin the patient died on the table. What would have been said had this been the first case in which chloroform had been employed in the theater of the Edinburgh Infirmary? The choice of anesthetics does not materially alter the practical confidence in chloroform. That ether should be preferred in the states of America is perhaps not to be wondered at; that mixed vapors should please the imagination of others nearer home need occasion no astonishment. He had himself had ether administered to him when a boy, and no seasickness he had ever experienced compared with the prostration which for a week followed the use of the anesthetic. He had seen it given to others because less likely to make them sick, but he had not observed this result had been obtained. He had been gratified by the administration of ethidene to a patient of his in the infirmary some time since, through the kindness of the gentlemen in Glasgow



by whom the practical application of this anesthetic had been introduced. In that instance the patient was in a maniacal state all afternoon after emerging from its effects. Upon the whole he believed he might conclude from the general tone of this discussion that there was no diminished confidence in chloroform, no increased fear in its application, no feeling that professional chloroformists were more required than heretofore to render its employment safe; and last, not least, that no apparatus was more effective or more secure than a common towel or a pocket-handkerchief. It was fortunate that, at a large meeting and a very representative meeting of the society, as it had been this evening, there was no uncertain sound to go forth to the professional world as to the views of the present generation of Edinburgh practitioners upon the chloroform question.

QUININE AND NERVOUS SEDATIVES.—Dr. Gray (Boston Medical Journal) writes that great relief was to be expected from the bromides in robust patients, but not to the same extent in the weak and anemic. He thought there was considerable danger in using them freely in certain instances, and had met with one case in which a fatal result was produced. He was a firm believer in their efficacy in epilepsy, as a general rule; but he felt that under some circumstances they should be used, if at all, only with extreme caution. For the past two years he had prescribed quinine in connection with the bromides, and he was more than satisfied with the results obtained by this combination. At first he had employed it with timidity and in very small doses, as he feared, from what he had been taught, that it might perhaps interfere with their action and only aggravate the trouble present; but afterward he had used it much more freely, and also with very beneficial effects. His practice now was to give first a sufficient quantity of the bromides to produce bromism, and then two or three grains of quinine three times a day in addition. He had met with a few cases in which quinine was not well tolerated, but as a rule such patients were able to stand the full sedation of the bromides; while in some instances he had deemed it advisable to stimulate the system with quinine before commencing the use of the bromides, on account of the weak condition of the patient. All his experience went to show that



quinine actually increased the effect of the bromides, hyoscyamin, and belladonna; and he had also found that all these agents were much better borne by the system, as well as more efficient in their action, when administered in combination with quinine than when the latter is omitted.

**HELIO THERAPY.**—Chronic affections of the joints of whatever nature—traumatic, rheumatic, or otherwise—are exceedingly difficult of treatment. Various remedies have therefore been recommended, from warm sand, inunctions of tartar emetic, and painting with iodine, to the use of cantharides; and more recently physicians have resorted to the use of the plaster-of-paris dressings and the much-praised shampooing. Stimulated by the good results obtained by Prof. Vanzetti in Padua from the influence of the rays of the sun upon obstinate affections of the joints, synovitis, and white-swelling, Dr. Giuseppe Marzari was led to adopt the same method of treatment in several cases. He had published a preliminary account of the cures which had been thus effected before he met with Vanzetti's large work upon the subject. The plan adopted is to expose the affected limb from May to August to the rays of the sun for a period of one to three weeks, according to the duration and intensity of the pain, and for a period of several hours daily. Under this treatment the limb becomes brown, the exudations cease, and the part becomes better nourished and capable of greater movement. (*Giorn. Ven. di Scienze Med.*)

**TREATMENT OF INGUINAL BUBO.**—Dr. J. Mullé gives the following rules as the result of a special study of bubo. In the case of simple non-virulent bubo the treatment will depend upon the stage at which the affection has arrived. (a) In the first stage absolute rest in bed, poultices, and rubbing with a mercury and belladonna ointment are to be employed. (b) In the second stage—that is, in that which is characterized by redness and adhesion of the skin—blisters may be used with caution, and they may be repeated if suppuration does not show itself. If, in

spite of the blistering, suppuration should occur, incisions may be made. (c) In the third stage—namely, that of suppuration—incisions should be made. If the abscess be small the incisions should also be small, compression by means of collodion should be exercised over the rest of the swelling, and the edges of the wound should be kept apart. In cases where there is extensive suppuration the incision should be large; cicatrization should be so managed as to prevent the formation of disfiguring and hurtful scars. The chancrous bubo should be treated by poulticing, incision when pus has formed, slight pressure, and, if necessary, injection with nitrate of silver. In doubtful cases treat as for chancrous bubo. (Glasgow Medical Journal.)

CHLORAL AND CHLOROFORM FOR SURGICAL ANESTHESIA.—M. Trélat (British Medical Journal) informed the Paris Société de Chirurgie that for two years past he has used chloral and chloroform in combination for this purpose. About fifty minutes before operation he administers two grams of chloral and forty grams syrup of morphia, in some cases even giving as much as six or eight grams of chloral. The patient passes into a state of profound indifference to the operation, and sometimes even into a condition of torpor, and thus much mental anguish before and after operation is saved.

TO MASK THE ODOR OF IODOFORM.—Tannin, which was recommended by Moleschott as a means of hiding the unpleasant smell of iodoform, has not been wholly successful; ether, which conceals the odor, on account of its great volatility is only useful for a short time; while oil of peppermint has not answered to its expectations. Dr. Lindemann, of Munster, contributes to the *Allg. Med. Central Zeitung* an account of experiments which he has made with several preparations in regard to this subject. The conclusion at which he has arrived is that the balsam of Peru completely masks the smell of iodoform, and renders it imperceptible to the most delicately organized. He mixes two parts of the balsam with one part of iodoform, and recommends

vaselin as being the best medium for an unguent; it may also be employed in an aqueous solution. The following useful formulæ are subjoined:

R Iodoform, . . . . . 1 gram;  
 Bals. peruv., . . . . . 2 grams;  
 Vaseline, . . . . . 8 grams.  
 M. f. ungt.

R Iodoform, . . . . . 1 gram;  
 Bals. peruv., . . . . . 3 grams;  
 Spir. vin. rectific. or glycerin, . . . 12 grams.

In regard to the preparation of these prescriptions, the author recommends that the iodoform should first be mixed with the balsam, and that the vehicle should afterward be added.

FOR THE COUGH OF TUBERCULAR LARYNGITIS.—Dr. William Pepper gives the following prescription:

R Tr. benzoici comp., . . . . . fl. ʒ ij;  
 Glycerinæ, . . . . . fl. ʒ ss;  
 Aquæ, . . . . . fl. ʒ iv.  
 Sig. To be used as a gargle.

ANAL FISSURE.—Instead of forcible dilatation, Dr. Hamon applies to the fissure with a camel's-hair brush a solution consisting of one part of chloroform to two parts of alcohol. Two or three applications at intervals of two or three days usually suffice to effect a cure. The first application is very painful, but each subsequent one becomes less so.

TREATMENT OF MUGUET ("THRUSH").—Dr. Vivier recommends the following: Distilled water, 25 grams; alcohol, 5 grams; corrosive sublimate, 60 centigrams. A camel's-hair brush moistened with this solution is to be swept over the surface once, twice, or thrice daily.

## Notes and Queries.

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THE PHYSICIAN AND LIFE INSURANCE.—The physician is looked upon as one of the intelligent and informed men of every community. His calling is a necessity. His influence is great, and should, as far as in him lies, be exerted for good. His example should be in keeping with the character of his lofty mission. He is under obligations to acquaint himself with every question of the day which concerns the life and health and happiness of mankind. And not one of all these questions is of more importance in certain aspects than that of life insurance. The physician can not shut his eyes to the almost universal interest which attaches to the subject—an interest which springs from the finest and best feelings of our nature—the desire to provide for the comfort and welfare of those we love. And while he shall not need, perhaps, to possess a minute acquaintance with the principles of insurance other than those which are medical—on which it is known the entire science itself rests—with these he surely should be familiar. Clearly he should know that there are mortality tables, and that these tell with almost absolute certainty what proportion of human beings of each age will die annually; that these tables constitute the foundation on which all of life insurance rests; and that because of this very fact there must be a certain cost—a net cost, if you will—without which the whole business, the whole thing would be but a random venture.

Certainly the man must be either ignorant or unprincipled who will pretend that a life can safely be insured for less than the net cost. The intelligent physician well knows that this cost, be it large or be it small, is governed in great degree by the manner in which the medical work is done. If improperly performed, the cost is exceeded; if properly done, the cost is

lessened. Hence it is not too much to say that the safety of life insurance depends in immense degree on the knowledge, the skill, the integrity of the medical men who perform the duties of examiners—men who question the candidates for insurance, advising this risk, rejecting that; refusing one application because of a faulty family history, and another because of some physical defect in the individual. The doctor can escape responsibility in no matters of moment to his fellows; he should not expect to do so in that of life insurance; and while he may not be asked for a professional opinion touching insurance on a life, he is, as we have remarked, none the less bound to acquaint himself with at least the professional aspects of the business. If he be too busy to do this he should at any rate learn to detect glaring impossibilities in life schemes. He should be made to know that there are experts in the science of life insurance whose teachings are entitled to the same respect in their sphere as are those of like rank in his own profession; in fact more, since their deductions are mostly those of mathematics, in which there is the least possible room for error. And having neither the time nor inclination to study the subject, he should at least be influenced by such teachings, and thus escape the pits dug for the ignorant and unsuspecting by men who, under the guise of cheapness, offer their specious follies as a substitute for the conclusions of a long and carefully-gathered experience.

To facilitate in some degree this study, and thereby enable the physician the more readily to distinguish between the true and the false, between the legitimate and the so-called cheap or coöperative schemes of life insurance, we present a few simple tests by which they may be tried. Before doing so we must be allowed the remark that what are so insinuatingly yclept by their founders as "cheap" schemes are each and all uniform, very uniform, but in one thing only—their unsoundness and claim to afford life insurance for actually less than the net annual premiums. To assert such a claim should alone be sufficient to condemn it. The bare promise which it includes should stamp

it as a cheat. But, not satisfied with this, the zeal of these Cheap Johns leads them even to declare that their seemingly small rates will actually be maintained during a life however protracted.

But to the tests. Get a table of what are called natural premiums. This may be had at the office of any trustworthy company. The premiums are determined by the age of the individual. This table, which is based on the American table of mortality, makes the premium for an insurance for \$1,000 of a man aged 20 for a single year \$7.80. If he do not apply till he be 25 the premium will have increased to \$8.06, at 30 to \$8.43, at 35 to \$8.95, at 40 to \$9.75, at 50 to \$13.78, at 60 to \$26.69, and at 96 years of age—assumed to be the limit of human life—it would be \$1,000, or equal to the amount insured. Now these annual premiums are all net. All legitimate insurance charges an average or level premium, as it is called, not to increase, when the policy is taken out for life. The net annual premium for a single year at say age 35 is only \$8.95 for \$1,000 of insurance, while the net average annual premium for the whole of life is \$17.88, to which must be added a margin to cover expenses and contingencies. Now "cheap" insurance so called professes to insure an entire life for less than it costs for a single year. Could folly exceed this?

Here is another test: Multiply the rate of insurance by the expectation of life at each age. The number of additional years which people live, on an average, after reaching any particular age, or what is called the "expectancy," is derived from the mortality tables. Take now any rate charged by reputable companies and multiply this rate at any given age by the expectancy at that age, and the result will be found to approximate the amount of the insurance. For instance, at age 50 the usual annual rate for \$1,000 on the life plan is \$47.18; the expectancy is 21 years; multiply these together, and the result will be \$990.78; but some portion of each premium has been invested and will earn enough interest to make up the deficit and expenses, and perhaps return a surplus in dividends. Apply this calculation to the rate charged by so-called cheap insurance.

Let it be, if you please, the full net cost of \$13.78 for a single year for legitimate insurance at age 50; multiply this by 21 (the expectancy), and it yields only \$289.38 to pay \$1,000. But co-operative insurance sets up to do more than this. It proposes to reduce the cost *for life* to a still smaller sum; and while expenses are otherwise provided for—and in fact the only thing made positively sure with the coöperatives, but carefully left out of their estimates—no interest is to be earned in their systems of assessments after death to provide for this deficit. Is n't it self-evident that no more can be paid out than is paid in, and that the whole insurance and expense must come either directly from the insured or from interest earned by their money? Indeed is it not plain from the foregoing that without the interest derived from premiums paid in advance that even the rates charged by reputable companies would be insufficient?

One other test, and we are done: Divide the proposed rate of premium or cost into the amount of insurance. This will unerringly show for how many years, on an average, the rate must be paid to equal the amount to be realized. Let the estimated cost be say \$10 a year per \$1,000; the product of the division is 100; but since the average of life to men of even 20 is but 40 years, it is evident that men do not live long enough to pay in what it is proposed shall be paid out when death makes the claim due.

These tests, it should be remarked, have no pretension to scientific accuracy, nor do they represent the actual methods by which premiums are computed. Yet coarse as they are, they are sufficiently delicate to expose the worthlessness of schemes which have been very properly denounced by all legitimate life insurance as frauds and "monstrous swindles." They are also of such easy application as to be within reach of all men.

The lack of space prevents our going into further detail at present. We will resume the subject at an early day.

CENTRAL COLLEGE OF PHYSICIANS AND SURGEONS.—The advertisement of this institution will be found on another page. The



collegiate year embraces a spring term, a preliminary fall term, and a regular winter session. This school was organized with a three years' graded course, which the faculty advise all students to avail themselves of. It is, however, for the present optional. A portion of the class are pursuing the three years' graded course.

IN MEMORY OF FREEMAN J. BUMSTEAD, M.D., LL.D.—Dr. George A. Peters read in May last, before the New York Academy of Medicine, the following sketch of the late Dr. Bumstead. As the testimony of an appreciative and lifelong friend touching the work and worth of one of the gentlest, kindest, strongest, and best of American physicians, it will be enjoyed by all who appreciate great deeds and value a life which was truly lofty from its beginning to its close:

Freeman J. Bumstead, M.D., the subject of this brief memoir, was born in the city of Boston on the 21st day of April, 1826. His father, Josiah Freeman Bumstead, was a prominent merchant, and descended from the old Massachusetts family of that name, the founder of which emigrated from England and settled in Boston about the year 1650. Dr. Bumstead's father was a man of culture, with broad and liberal views, which induced him to give his son Freeman an education which should enable him to take a high stand among his fellows. The mother of Dr. Bumstead was Lucy Douglas Willis, the sister of the well-known and popular poet Nathaniel P. Willis. She was also the sister of "Fanny Fern," whose stories and sketches have delighted so many of our generation.

Dr. Bumstead received his primary education in the Chauncey Hall School and the English High and Latin schools in his native city. Here he fitted for Williams College, where he was matriculated in 1843, and from which he graduated in 1847, standing high in a class from which several have distinguished themselves in law and divinity.

After leaving college, with that sturdy independence which is the characteristic of so many of New England's sons he determined to strike out for himself and owe as little as possible of subsequent success in life to the aid of parent or friends. He engaged in teaching school in Roxbury, Mass., devoting his leisure time to the study of medicine, attending lectures and dissections at the Tremont Medical

School. Indeed while an undergraduate at Williams he had endeavored with his scalpel to unravel some of the secrets of animal anatomy.

In 1849 he entered the Medical Department of Harvard University. In 1850 he made a voyage to Liverpool as surgeon to a sailing vessel, and during the several months he remained abroad devoted his time to the study of disease in the hospitals of London and Paris. Returning to America in the autumn, he was appointed House Surgeon to the Massachusetts General Hospital, and graduated in medicine from Harvard University in 1851. Desiring to avail himself of every advantage and to make himself as complete a man as possible, he made a second voyage to Europe and passed a year in travel and in visiting the medical schools and hospitals.

On his return in 1852 he settled in New York as offering the widest field for future growth, and commenced the general practice of medicine, making a specialty, however, of diseases of the eye and ear. The following year he was appointed Surgeon to the Northern Dispensary, which position he resigned in 1855. In 1857 he was appointed on the staff of surgeons to the New York Eye and Ear Infirmary, which connection he maintained for about five years. Dr. Bumstead was for a number of years attached to St. Luke's Hospital as one of the staff of attending surgeons, and was also connected with the venereal department of the institutions on Blackwell's Island.

Within a few years of the commencement of his practice he abandoned the eye and ear as a specialty and devoted himself to the large field of the diseases of the genito-urinary organs and venereal diseases. This he pursued with such zeal and diligence that he soon became a recognized authority in these branches. From 1868 to 1871 he was Professor of Venereal Diseases in the College of Physicians and Surgeons, at which latter date ill health, the result of continued and exhausting work, compelled him to resign. He then went abroad with his family and spent two years in travel and study, visiting the principal schools and hospitals in Great Britain and Continental Europe, where he left a memory which will be long cherished by all with whom he was brought into contact.

In his special field Dr. Bumstead attained a world-wide reputation. His contributions to medical literature scattered through the various medical journals in the years past, his translations into English of the Hunter-Ricord Treatise on Venereal Disease, and notably his exhaustive treatise on "The Pathology and Treatment of Venereal Diseases, including the results of recent investigations upon the subject," the editing of the fourth edition of which work was his last earthly labor, have placed him in the forefront of teachers and writers. It has been

accepted as the best treatise extant on that subject by all English-speaking peoples, and a translation has appeared in Italian.

In 1869 Dr. Bumstead translated and edited the valuable "Atlas of Venereal Diseases," by A. Cullerier, of the Hôpital du Midi. The American edition, an imperial quarto of between three and four hundred pages, magnificently illustrated, was received with great favor by the profession, and is another proof of the energy of the man.

In 1858 the Trustees of Williams College, recognizing the great merit of the literary work done by Dr. Bumstead, conferred upon him the honorary degree of LL.D.

I could go into the matter of his literary labors more in detail. This is but a brief record of the work done by our departed friend. It would seem more appropriate to this occasion should I say a few words about Dr. Bumstead as a man—about those traits of character which drew us to him and held us there in willing bondage.

In early life he manifested a love of nature which, as he advanced in years, developed into a passion. During his college course his leisure hours were devoted to rambling over the hills of Old Berkshire, his gun and botanical box his sole companions. The note of every wild bird was as familiar to his ear as the voices of his classmates, and the ferns and wild flowers that sprang up about his path had a charm for him known only to those who love nature and walk in her ways. While in college he shot a specimen of every bird known in that region, and his skill in taxidermy enabled him to dress and mount them with such excellence as to render them worthy of a place in the collection of the Natural History Society of Boston, to which institution he presented them. In addition to the above, his own private cases contained specimens of every wild bird of Massachusetts, most of which were killed and prepared by his own hands.

His love of ornithology was, however, but one phase of his communion with nature. If the study of birds was his delight, botany was his chief joy. His collection of plants and flowers, made with great diligence and care, and mounted with that neatness for which he was distinguished, is a labor which alone would be deemed by many work sufficient to entitle him to distinction. This collection is now the property of Williams College, to which institution he presented it. Many summers ago I spent a few weeks with him among the Green Mountains in Vermont, and rambled day after day through the fields and ravines about Old Mansfield. He was "a boy again," and knew no fatigue in his search for rare ferns which abound in that region and which he needed to make his collection complete. Well do I remember the glad smile which lighted up his face when he came upon the

specimen he was in search of. His knowledge of the subject surprised me; and although I was no adept, before we separated he had succeeded in imparting to me much of his own enthusiasm. While strolling together he opened the treasure-house of his mind and revealed hidden depths of poetry and romance, of the existence of which beneath that calm exterior I had never dreamed.

My acquaintance with Dr. Bumstead dates back to the time when he came to this city and settled down to practice medicine among us. During the years since then we have been intimate friends, and I have known him well. Much has been said of the struggles of his early professional life, from which one might infer that grinding poverty was his portion. This was not so. During his academic career his father assisted him in all necessary ways; but, as in the case of many New England fathers, he determined to teach his son self-reliance, so that when the battle of life fairly commenced he should be completely armed for the conflict. Thus he held his son to a strict account for all moneys advanced, and often have I heard my friend declare with just and manly pride that he had repaid all and owed no man aught. In his early life in this city his uncle N. P. Willis was in the zenith of his fame as author and editor, and his uncle Richard occupied a high position as a man of culture and refinement. Freeman was always a welcome guest in both their households. His manly character and winning ways soon made him hosts of friends and opened wide many doors. Society, however, had but few attractions for him. He had set his face like a flint toward the goal—success in his profession—and knew that by diligence alone could he win in the race.

His devotion to the work he had chosen was untiring. Night and day he labored, taking no time for recreation. As success came to him and his work became remunerative, he married in the year 1861 Miss Mary Josephine White, daughter of Ferdinand E. White, of Boston, who throughout the remainder of his life was his constant and loved companion—a helpmeet indeed—and who, after nearly twenty years of happy wedded life, with a breaking heart closed his dying eyes and listened to his last words of love on November 27, 1879.

Dr. Bumstead had a simple, loving nature. As a boy he was kind and affectionate, the idol of his own family, and much loved by his schoolmates and intimate friends. As he grew up he amply repaid the care and solicitude of his parents, and became a comfort and support to them in their declining years. Throughout all his busy professional life nothing but sickness ever prevented him from writing his weekly letter to his mother. His father died several years ago. His mother survives him, and tears fill her eyes as she refers to his goodness and

tenderness. His brothers and sister mourn his loss, and will long miss his sympathy and wise counsel. As for the widow and fatherless children, who shall comfort them?

From boyhood our friend was eager in his search for knowledge, and had a keen and ready intellect, which enabled him to grasp easily the subject he was pursuing; and he had so trained and cultivated his memory that a fact once engraved upon the tablet of his brain was never erased. He was very exact in his knowledge; his recollections were never vague, but always clear and well-defined. This quality of mind enabled him to present any subject which he was discussing, either with pen or tongue, in a way which impressed those who read or listened to his argument. He was diligent and thorough in all his work. Whatever he did he did as well as he could, and he allowed no fatigue or pain to interfere with his task. While editing the various editions of his public works it was his habit after a laborious day's professional work to toil over his manuscripts and proofs night after night, the rising sun only admonishing him to snatch an hour or two of sleep. Some years ago this habit of work so broke him up that he was forced to drop his pen, put out his candle, and seek rest abroad for two years. Even there, however, he disobeyed the injunctions of his medical advisers and busied himself at the expense of his health in enlarging the boundaries of his professional acquirements.

While in Paris his younger son, who bore his name, was taken from him by disease. This was his greatest sorrow, and when he buried his little boy in "Mount Auburn" he seemed to those who knew him best to have left his heart in that little grave.

Dr. Bumstead was true and loyal to his profession. He had no patience with wrong-doers; was manly and outspoken; and whenever a question arose his voice was always heard on the side of justice, truth, and honor. He could never sit idly by and see wrong done, no matter how exalted the position of those who perpetrated it. He believed in young men, and was always ready to sustain and assist them. As a friend he was constant and true, ever ready with counsel and succor—as true behind your back as before your face. If an enemy, he was fair and open.

In his family he was fond and affectionate, striving in every way to lighten his wife's burdens and to make his children happy. It was his delight in summer to retire for a time into the country, and there amid old familiar scenes lead his children over the paths which he had trod.

As he advanced in years he seemed to mellow and ripen, to become more and more considerate and kindly. This was particularly ob-

served by his more intimate friends, to whom he seemed as one setting his house in order ere he departed on the last, long journey.

During the last year of his life his constitution, which was naturally a strong one, was evidently yielding to the constant strain of work in getting out the last edition of his book. Such, however, was his habit of diligence and his desire to have it as perfect as he could make it that against the advice of friends he struggled on with his infirmities until the last proof was read and the book left the press. He then yielded and rapidly faded away.

The few last weeks of his life were weeks of intense suffering. It was a melancholy sight to watch him reclining wearily on his couch patiently awaiting his end. Death seemed to have no terror for him, but rather to be desired as a relief from pain and anguish.

In the spring of 1826 with the opening buds a child was born. He grew to man's estate, and walked in and out among us. The promise of his youth ripened into rich fruit; he won friends, fame, and fortune. In the autumn of 1879, with the falling leaf, ripe but not decayed, we buried him. When the grave closed over all that was mortal of Freeman J. Bumstead we felt that we had buried from our sight a true man, a firm friend, a loving husband, and a kind father.

Happy is the man who uses well the talent which the Master has given him. Sweet is the perfume of his memory when he leaves us, through the gates of death, to hear that Master's voice saying, "Well done."

"CREDE'S" METHOD PRACTISED AMONG THE KIOWA INDIANS.—  
Dr. L. L. McCabe, surgeon to an Indian agency, relates the following interesting fact in aboriginal obstetrics:

An Indian woman of the Kiowa tribe had been in labor for three days, and it being apparent to the friends and midwife squaw that successful natural delivery was impossible, and that under the native treatment by incantations, beating of tom-toms, etc., the woman's strength was becoming rapidly exhausted, assistance of the post medical officer was desired. It was only after several visits to the wigwam that the doctor was finally allowed to make a very hasty and imperfect digital touch. The head was arrested in the cavity. After still further delay he was permitted to apply the forceps, which to the intense amazement of the lookers on, drew forth a living infant. As soon as this was effected the physician was rudely pushed aside, and the Indian midwife took charge of her case, compelling the woman to rise to her feet. She was sustained in a bent posture, grasping with both hands



the center-pole of the tent; then the squaw proceeded to carry out methodically Credé's method of expressing the placenta by compressing the uterus through the abdominal walls, with both hands pressing in the direction of the pelvic cavity, until the placenta appeared at the vulva, when it was seized with one hand and withdrawn. The patient was then allowed to resume recumbency, and a highly-ornamented buckskin bandage was adapted to pelvis and abdomen. This was drawn snugly by buckles and straps. The patient made a good recovery, and the white man's "iron hooks" are established in reputation among the band.

If the Indian mother gives birth to twins, only one is allowed to live. In case of the birth being male and female, the latter is delivered to an old squaw, and nothing further is heard of the luckless papoose. In case of both children being of the same sex, the feeblest is put out of the way.

WHAT IS SYRUP OF DOVER'S POWDER?—Mr. John Hurty, a chemist of Indianapolis, asks the above pertinent question, and says:

An important question, when it is known that there are to be found in the drug-stores of Indianapolis four different strengths of this powerful remedy. A firm in Buffalo first introduced it, and as there are to be found on the label two different statements as to its strength the preparation is hardly worthy of confidence. Some druggists were found who made their own. One of them stated he made his so that each dram represented five grains of Dover's powder; another said he made his so that one dram represented ten grains; while still another, having read Dr. Squibbs's recommendation that a tincture be made that should represent Dover's powder minimum for grain, concluded that that surely was too strong, and so made his syrup one half that strength, namely, thirty grains Dover's powder to each dram. These three different strengths, together with the one representing in each dram sixty grains of Dover's powder, make four in all, any one of which is likely to be dispensed, unless the physician knows where his prescription is going, or else states on the prescription which strength he prefers. Polypharmacy is certainly objectionable.

EVEN THE LUNATICS WONT EAT IT.—At a recent meeting of the Paris Academy of Medicine M. Riche reported the following objections to the use of margarine butter: 1. It results from the



trials made at the asylum during three years that the employes and many of the patients can not tolerate the substitution in the preparation of the principal articles of their food; 2. Some very sensitive and delicate patients are placed by it in highly unfavorable conditions as regards their alimentation, and consequently as to the maintenance of their health; 3. Margarine butter as manufactured is open to various frauds; vegetable oils especially are introduced; 4. Fatty bodies are only absorbed when in a state of emulsion. Margarine forms an emulsion less easily than butter; the emulsion is also less stable.

CENTRALIZATION.—A bill has been favorably reported upon by the judiciary committee of the New York State legislature which reads thus: "Sec. 1. It shall be and is lawful for the physicians and surgeons of any medical school duly recognized under the laws of this state to meet in consultation in cases of sickness with physicians of any different system of practice now recognized by the laws of this state. Sec. 2. No county, state, or local medical society shall in any manner discipline or punish any member of such county, state, or local medical society for any aid, assistance, or counsel he shall render to any physician of a different school of practice."

A VEHICLE TO DISGUISE THE TASTE OF QUININE.—Dr. Geo. W. Griffiths, of this city, writes us that he has found the following formula to be almost free from disagreeable taste:

R Sulphate of quinine, . . . . .	3 ss;
Dil. sulphuric acid, . . . . .	q. s.;
Shaker's aromatic elixir malt, . . . .	3 viij. M.
Dose a tablespoonful.	

Dr. G. has used the foregoing in sixty-three cases with the result stated.

THE EPHELIDES OF PREGNANCY.—Newmann recommends (*Union Medicale*) for these an ointment of chrysophanic acid, one part, to lard, forty parts, well mixed. Gently anoint the part, previously washed with soap and water; then apply a piece

of linen, to prevent staining. Repeat the application three or four times at two days' interval, being careful not to touch the eyelids and not to apply too strong an ointment in persons of delicate skin. The parts to which it is applied become red, then black; the skin desquamates and the stain disappears. The same remedy may be used for pigmentary stains occurring independently of pregnancy.

CINCHO-ALKALOIDS IN REMITTING AND CONTINUED FEVERS.—Dr. Edmund McAllister, of Port Gibson, Miss., writes us on the above subject as follows:

Authors on materia medica have doubtless assigned quinia its proper classification—namely, tonic. The effects of quinia are, increase of pulse, temperature, and nervous excitability. These also constitute some of the leading symptoms of fever. Where then is the philosophy of administering quinia for the cure of fever? 'Tis said quinia reduces pulse and temperature. This can not be, except as the result of exhaustion consequent on all excessive action. What are the facts as to this old and I had thought exploded method of treating fever? I fear that a critical analysis of cases treated in this way would show that too many patients grow worse after the administration of each dose of quinia until the occurrence of death or a state of exhaustion unfavorable to recovery, remaining in a low grade of nervous typhoid fever. In cases of great prostration, with quick, wiry pulse, the tonic effect of quinia in giving support to the heart and arteries would make the pulse fuller and slower; but to make this a criterion for treating fevers would certainly be delusive.

ADVICES from Europe and Smyrna make it appear probable that before the end of the year the price of opium will be very high. A combination of wealthy speculators has been formed to purchase and hold the crop, and it is not unlikely that East Indian opium may come into our market.

THE bill to regulate the practice of medicine in Maryland failed to pass at the recent session of the Maryland legislature. The same fate met the bill for the protection of patients in confidential communication with their medical attendants.

ENGLISH AND RUSSIAN HEALTH.—London at the present day may claim the distinction of being the most healthy city of importance in the world. The death-rate in the capital of the British empire is only eighteen per thousand of its population of four millions. The other extreme is St. Petersburg, with a mortality of fifty-nine per thousand.

WHERE THE GOLD GOES.—Dr. Farrar, of Brooklyn, writes in the Dental Laboratory that not less than half a ton of pure gold, worth half a million of dollars, is annually packed into people's teeth in the United States, and that at this rate all the gold in circulation will be buried in the earth in three hundred years. [Now Dr. Farrar may be sound on the metals, but he is loose in his arithmetic.]

HAY FEVER.—Dr. Blackley, London, says he knows of no specific treatment for the disease, though many drugs are capable of mitigating the symptoms. It appears that carbolic acid is the most effectual.

OF THE METRIC SYSTEM, which has been formally adopted by the American Medical Association, the North Carolina Medical Journal very pertinently remarks:

We need reforms of far greater importance than changing weights and measures, and it is not worth while to be so far in advance of public action as to expect no following at all, especially as the movement does not involve any matters of vital interest.

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